FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L71961** **(1)**

1. Corporation Name
GULF AIRCRAFT LEASING, INC.

Principal Place of Business	Mailing Address
% JOEL T. JOHNSON, JR. 100 AVIATION DR. SOUTH NAPLES FL 33942	% JOEL T. JOHNSON, JR. 100 AVIATION DR. SOUTH NAPLES FL 33942

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21: 200 AVIATION DR NORTH
Suite, Apt. #, etc. 22: SUITE # 4
City & State 23: NAPLES, FL. 33942
Zip 24: 33942 Country 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0195383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, JOEL T., JR.
100 AVIATION DRIVE SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 AVIATION DRIVE NORTH
83
84 City: NAPLES, FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: May 20, 1996

Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent's signature required when filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	SAME ☒ Change ☐ Addition
NAME	JOHNSON, JOEL T.	1.2 NAME	
STREET ADDRESS	~~100 AVIATION DR. SOUTH~~	1.3 STREET ADDRESS	200 AVIATION DR. NORTH
CITY-ST-ZIP	~~NAPLES FL~~ ☐ DELETE	1.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE	TS	2.1 TITLE	SAME ☒ Change ☐ Addition
NAME	JOHNSON, JOEL T.	2.2 NAME	
STREET ADDRESS	~~100 AVIATION DR. SOUTH~~	2.3 STREET ADDRESS	200 AVIATION DR. NORTH
CITY-ST-ZIP	~~NAPLES FL~~ ☐ DELETE	2.4 CITY-ST-ZIP	NAPLES, FL, 33942
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. May 20 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
941-643-2500