

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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**

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

2. Principal Place of Business 2a. Mailing Address
21 **200 AVIATION DRIVE N.** 26 **200 AVIATION DRIVE N.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#4** 27 **#4**
City & State City & State
23 **NAPLES, FLORIDA** 28 **NAPLES, FLORIDA**
Zip Country Zip Country
24 **33942-3568** 25 **USA** 29 **33942-3568** 30 **USA**

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 **JOEL T. JOHNSON, JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **200 AVIATION DRIVE NORTH**
83
84 City **NAPLES,** FL 85 Zip Code **33942-3568**

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 *Joel T. Johnson, Jr.* (NOTE: Registered Agent signature required when registering.)

Date **June 7, 1996**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, JOEL T. | |
| STREET ADDRESS | 100 AVIATION DR. SOUTH | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | TS | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, JOEL T. | |
| STREET ADDRESS | 100 AVIATION DR. SOUTH | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------------|--|
| 1.1 TITLE | SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SAME | |
| 1.3 STREET ADDRESS | 200 AVIATION DRIVE NORTH. | |
| 1.4 CITY-ST-ZIP | NAPLES, FLORIDA 33942-3568 | |
| 2.1 TITLE | SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SAME | |
| 2.3 STREET ADDRESS | 200 AVIATION DRIVE NORTH. | |
| 2.4 CITY-ST-ZIP | NAPLES, FLORIDA, 33942-3568 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

I 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 617, Florida Statutes, and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joel T. Johnson, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **June 7, 1996**
Daytime Phone #: **941 643-2500**

CR2E034 (3/96)