## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### 1999

# DOCUMENT # N9700003716 \

1. Corporation Name

FRIENDS OF JACKSONVILLE AVIATION, INC.

# **FILED** Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90006 012 \*\*\*\*61.25



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Principal Place of Business Mailing Address 7555 BEACH BLVD. 7555 BEACH BLVD. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216												
L _ '	Place of Business	2a. Mailing Address				3.	Date Incorporated 06/26/1997	or Qualifed	<del></del>			
Suite, Apt.	# ata	26   Suite, Apt. #, etc.				1	FEI Number				pplied For	
	#, etc.	<del>-</del>		*		ļ <b>~</b> .	NOT APPLIC	ΔRI F		_ <del> </del>	ot Applicable	
22 City & Sta	te	City & State				$\vdash$					Additional	
23		28				5.	Certificate of Stati	us Desired		•	equired	
Zip	Country	Zip	Cor	untry		6.	Election Campaig	n Financing		\$5.00	May Be	
24	25	29	30	•		] .	Trust Fund Contri	_		•	to Fees	
	9. Name and Address of Curren			Τ		10.	Name and Addre	ess of New	Registered A	Agent		
				81	Name							
WESTON	WILLIAM			82	Ctract Addrs	oo (D	.O. Box Number is	Not Assent	ablat			
WESTON, WILLIAM 7555 BEACH BLVD.				02	Strakt varie	35 (F	.O. BOX (Adminer is	s (40) Accept	anie i			
JACKSONVILLE FL 32216				83								
3,1011007	WILLE I'E OLE IO			1						71	0.11	
}				84	City				FL	85 Zip	Code	
agent, I a	registered agent, or both, in the State im familiar with, and accept the obligations of the control of the cont	- William I	11)0:	Stor		€€S when re	einstating)			1.79		
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHAN	IGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 71	TLE						Change	Addition	
NAME	WESTON, WILLIAM		1.2 N	AMÉ	!						[	
STREET ADDRESS	7555 BEACH BLVD.		1.3 %	TREET A	(DDRESS						)	
CITY-ST-ZIP	JACKSONVILLE FL 32216			ITY-ST-Z	ZIP							
πιE	D	☐ DELETE		me								
NAME	LINOWA REFERENCE	□ occeic	2.1 Π	ILE	ł					Change	Addition	
l	LUDWIG, JEFFREY R	□ DECEIC	2.1 TI 2.2 No				<del></del>			Change	Addition	
STREET ADDRESS	PO BOX 550700 N/A	<del></del>	2.2 N	AME	DDRESS					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1		22 N 2.3 S 2. 4 C	AME TREET A SITY-ST-	1							
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CITY-ST-ZIP TITLE NAME	PO BOX 550700 N/A JACKSONVILLE FL 32255-0700 HENDRICK, PAUL		22 No 23 Si 2. 4 C 3.1 Ti 3.2 No	AME TREET A CITY-ST- TLE AME	ZIP Dr	. A	eury Tho	ид5	110 1	Change	- Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if change

SIGNATURE: