

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 26 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

49

DOCUMENT # P00023 (2)

1. Corporation Name

FORTUNE AVIATION SERVICES TRANSPORT, INC.

Principal Place of Business

5608 GULF BLVD.
ST. PETERSBURG FL 33706
US

Mailing Address

652 NINA DR.
TIERRA VERDE FL 33715
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1983

3a. Date of Last Report

07/08/1994

4. FEI Number

56-1385621

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

2. Principal Place of Business

21 5600 Gulf Blvd.

2a. Mailing Address

26 5600 Gulf Blvd.

Suite, Apt., etc.

22 St. Petersburg Beach

Suite, Apt., etc.

27 St. Petersburg Beach, Fl

City & State

23 St. Petersburg Beach, Fl

City & State

28 St. Petersburg Beach, Fl

Zip

24 33706

Country

25

Zip

29 33706

Country

30

9. Name and Address of Current Registered Agent

FORTUNE, GILBERT S.
652 NINA DR.
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5600 Gulf Blvd.

83

84

St. Petersburg Beach

FL

85

Zip Code

33706

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

G.S. Fortune

G.S. FORTUNE

PRES

1/23/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
FORTUNE, GILBERT S.
652 NINA DR.
TIERRA VERDE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VST
FORTUNE, ISABEL M.
652 NINA DR.
TIERRA VERDE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

G.S. Fortune

G.S. FORTUNE

1/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name