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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P34474** (7)

1. Corporation Name
H & H AIRCRAFT SERVICES, INC.

Principal Place of Business Mailing Address

SUITE 309 4115 ANNANDALE ROAD ANNANDALE VA 22003

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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>9101 Braddock Road</i>	26. <i>9101 Braddock Road</i>	05/08/1991	04/29/1994
22. <i>225</i>	27. <i>225</i>	4. FEI Number	Applied For
23. <i>Springfield, VA</i>	28. <i>Springfield, VA</i>	52-1612047	Not Applicable
24. <i>22151</i>	25. <i>Faictax</i>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. <i>22151</i>	30. <i>Faictax</i>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BERMAN, PHILIP M., MR.
2424 NORTHEAST 22ND ST.
POMPANO BCH. FL 33062-3099

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOHN H.	1.2 NAME	
STREET ADDRESS	9016 BRAEBURN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANNANDALE VA	1.4 CITY - ST - ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, KENNETH A.	2.2 NAME	
STREET ADDRESS	3705 221ST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAYSIDE NY	2.4 CITY - ST - ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, KENNETH A.	3.2 NAME	
STREET ADDRESS	3705 221ST ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAYSIDE NY	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 employed, if on an attachment with an address.

SIGNATURE: *J.H. Hill* DATE: *4-18-95* *707548887*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Trace #