FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38097** **(2)**

1. Corporation Name

JET FUEL SERVICE CO.

Principal Place of Business	Mailing Address
400 PERIMETER CENTER - TERRACES NORTH ATLANTA GA 30346	400 PERIMETER CENTER - TERRACES NORTH P O BOX 88259 ATLANTA GA 30356 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 55 Glenlake Parkway, NE	26 55 Glenlake Parkway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Atlanta, GA	28 City & State: Atlanta, GA
24 Zip: 30328 / 25 Country: US	29 Zip: 30328 / 30 Country: US

4. FEI Number: 06-1259037 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: **FL** 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	NELSON, KENT C	12 NAME		
STREET ADDRESS	400 PERIMETER CTR-TERRACES NO	13 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AS	21 TITLE	DV	☒ Change ☒ Addition
NAME	BUTLER, THOMAS E.	22 NAME	Kelly, James, P.	
STREET ADDRESS	400 PERIMETER CENTER	23 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AST	31 TITLE	DVTs	☒ Change ☐ Addition
NAME	CLANIN, ROBERT J.	32 NAME		
STREET ADDRESS	400 PERIMETER CENTER	33 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AT	41 TITLE	VSAT	☒ Change ☒ Addition
NAME	DALMARES, PETER J.	42 NAME	Moderow, Joseph, R.	
STREET ADDRESS	1400 N. HURSTBOURNE PKWY	43 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AST	51 TITLE	AST	☒ Change ☐ Addition
NAME	PICA, EUGENE A	52 NAME		
STREET ADDRESS	400 PERIMETER CTR-TERRACES NO	53 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AST	61 TITLE	AST	☒ Change ☐ Addition
NAME	AGRESTA, MAURICE M	62 NAME		
STREET ADDRESS	400 PERIMETER CTR - TERRACES NO	63 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	Atlanta, GA 30328	

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)(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 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: Eugene A. Pica 4/24/95 (404) 828-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0900843 FP