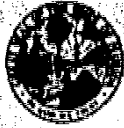


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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

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

2. Principal Place of Business

2a. Mailing Address

21 55 Glenlake Parkway, NE

26 55 Glenlake Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Atlanta, GA

28 Atlanta, GA

Zip

Country

Zip

Country

24 30328

25 US

29 30328

30 US

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
NELSON, KENT C
400 PERIMETER CTR-TERRACES NO
ATLANTA GA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**55 Glenlake Parkway, NE
Atlanta, GA 30328**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
BUTLER, THOMAS E.
400 PERIMETER CENTER
ATLANTA GA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**DV
Kelly, James, P.
55 Glenlake Parkway, NE
Atlanta, GA 30328**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AST
CLANIN, ROBERT J.
400 PERIMETER CENTER
ATLANTA GA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**DVTs
55 Glenlake Parkway, NE
Atlanta, GA 30328**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AT
DALMARES, PETER J.
1400 N. HURSTBOURNE PKWY
LOUISVILLE KY**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**VSAT
Moderow, Joseph, R.
55 Glenlake Parkway, NE
Atlanta, GA 30328**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AST
PICA, EUGENE A
400 PERIMETER CTR-TERRACES NO
ATLANTA GA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**AST
55 Glenlake Parkway, NE
Atlanta, GA 30328**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AST
AGRESTA, MAURICE M
400 PERIMETER CTR - TERRACES NO
ATLANTA GA**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**AST
55 Glenlake Parkway, NE
Atlanta, GA 30328**

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

SIGNATURE: *cp Eugene A. Pica*

Eugene A. Pica

4/24/95

(404) 828-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number