

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40389** (9)

1. Corporation Name

AVSCO AVIATION SERVICE COPORATION



Principal Place of Business

Mailing Address

**5125 BLALOCK INDUSTRIAL BLVD.
COLLEGE PARK GA 30349**

**5125 BLALOCK INDUSTRIAL BLVD.
COLLEGE PARK GA 30349**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 date of acceptance

(Signature of Registered Agent required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **LATHROP, SKIP**
STREET ADDRESS **5125 BLALOCK INDUSTRIAL BLVD**
CITY-STATE-ZIP **COLLEGE PARK GA**

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **Bob Phillips**
1.3 STREET ADDRESS **5125 Blalock Ind. Blvd.**
1.4 CITY-STATE-ZIP **College Park GA 30349**

TITLE **D** ☐ DELETE
NAME **COLE, NEIL**
STREET ADDRESS **4101 NORTHWEST 29TH STREET**
CITY-STATE-ZIP **MIAMI FL**

2.1 TITLE **Controller / Director** ☐ Change ☒ Addition
2.2 NAME **Edward Williams**
2.3 STREET ADDRESS **5125 Blalock Ind. Blvd**
2.4 CITY-STATE-ZIP **College Park GA 30349**

TITLE **PD** ☐ DELETE
NAME **PAGANINI, MARC G. M.**
STREET ADDRESS **6607 LONE OAK DRIVE**
CITY-STATE-ZIP **BETHESDA MD**

3.1 TITLE **Director** ☐ Change ☐ Addition
3.2 NAME **Raymond Mathisen**
3.3 STREET ADDRESS **4101 NW 29th St.**
3.4 CITY-STATE-ZIP **Miami FL 33142**

TITLE **AV** ☐ DELETE
NAME **WHITE, JAMES W.**
STREET ADDRESS **145 FOREST LAKE WAY**
CITY-STATE-ZIP **FAYETTEVILLE GA**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Maurice Bloch**
4.3 STREET ADDRESS **93352 Le Bourget Cedex**
4.4 CITY-STATE-ZIP **France**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Emmanuel Hout-Marchand**
5.3 STREET ADDRESS **BP2-33701 Merignac Cedex**
5.4 CITY-STATE-ZIP **France**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an appointment with an agent.

SIGNATURE:

Edward A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

(404) 7651812

CR2E034 (12/95)