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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5125 BLALOCK INDUSTRIAL BLVD.
COLLEGE PARK GA 30349

Mailing Address
5125 BLALOCK INDUSTRIAL BLVD.
COLLEGE PARK GA 30349-5947



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/09/1992

3a. Date of Last Report

03/07/1996

4. FEI Number

58-1980538

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

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME PHILLIPS, BOB
STREET ADDRESS 5125 BLALOCK IND. BLVD
CITY-ST-ZIP COLLEGE PARK GA

TITLE DC ☒ DELETE

NAME WILLIAMS, EDWARD
STREET ADDRESS 5125 BLALOCK IND. BLVD
CITY-ST-ZIP COLLEGE PARK GA

TITLE D ☐ DELETE

NAME MATHISEN, RAYMOND
STREET ADDRESS 4101 NW 29TH STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BLOCH, MAURICE
STREET ADDRESS 93352 LE BOURGET
CITY-ST-ZIP CEDEX FR

TITLE D ☐ DELETE

NAME HOUT-MARCHAND, EMMANUEL
STREET ADDRESS BP2-33701 MERIGNAC CEDEX
CITY-ST-ZIP FRANCE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, COO ☐ Change ☒ Addition

1.2 NAME DAVID SISSON
1.3 STREET ADDRESS 5125 Blalock Ind. Blvd.
1.4 CITY-ST-ZIP College Park GA 30349

2.1 TITLE Controller ☐ Change ☒ Addition

2.2 NAME Jo Dee Bowen
2.3 STREET ADDRESS 5125 Blalock Ind Blvd
2.4 CITY-ST-ZIP College Park, GA 30349

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Jo Dee Bowen

4.28.97

404 765 1812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012602

CR2E034 (9/96)