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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90213 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40960

1. Corporation Name

PAGE AVJET FUEL CORPORATION

Principal Place of Business

201 S ORANGE AVE
S1100
ORLANDO FL 32801
US

Mailing Address

201 S ORANGE AVE
S1100
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1992

4. FEI Number

59-3153791

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME DOBSON, RICHARD
STREET ADDRESS 351 VISTA OAK DRIVE
CITY-ST-ZIP LONGWOOD FL

TITLE VPT
NAME HASKINS, ELIZABETH
STREET ADDRESS 418 RIVER DRIVE
CITY-ST-ZIP DEBARY FL

TITLE VP
NAME VAN ALLEN, BRUCE S.
STREET ADDRESS 8550 LOST COVE DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE VP
NAME LUBY, WILLIAM A.
STREET ADDRESS 422 EMORY OAK ST
CITY-ST-ZIP OCOEE FL 34761

TITLE S
NAME MOKRIS, PAUL J.
STREET ADDRESS 1410 POINSETTIA ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE AS
NAME MARCINIK, DANIEL V.
STREET ADDRESS 2871 YONKERS CT
CITY-ST-ZIP OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

D. MARCINIK

Date

4/23/99

Daytime Phone #

(407) 648-7200

CR2E034 (11/98)