

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000004552 (5)

1. Corporation Name

JONES AIRCRAFT, INC.



Principal Place of Business

Mailing Address

860 5TH PLACE
VERO BCH FL 32962
US

860 5TH PLACE
VERO BCH FL 32962
US

2. Principal Place of Business

2a. Mailing Address

21 855 5TH PL.

26 855 5TH PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 City & State
VERO BEACH FL

27
28 City & State
VERO BEACH FL

24 Zip 32962
25 Country USA

29 Zip 32962
30 Country USA

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
05/11/1995

4. FEI Number
65-0388812

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

JONES, JAMES M
860 5TH PLACE
VERO BEACH FL 32962

81 Name JONES, JAMES M.

82 Street Address (P.O. Box Number is Not Acceptable)
855 5TH PL.

83

84 City VERO BEACH FL 85 Zip Code 32962

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

James M. Jones
Signature typed or printed name of registered agent and title (if applicable)

James M. Jones
(NOTE: Registered Agent Signature required when registering)

June 27, 1996
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE PVST
NAME JONES, JAMES M
STREET ADDRESS 860 5TH PLACE
CITY - ST - ZIP VERO BCH FL
☒ DELETE

11 TITLE PRESENT
12 NAME JONES, JAMES M.
13 STREET ADDRESS 855 5TH PLACE
14 CITY - ST - ZIP VERO BEACH, FL 32962
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

James M. Jones
Signature and typed or printed name of signing officer or director

James M. Jones
Date

561-569-8971
Daytime Phone #

CR2E034 (3/96)