

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:55

DOCUMENT # **P93000009370 (6)**

1. Corporation Name

INTERNATIONAL FLIGHT SERVICES, INC.

Principal Place of Business

Mailing Address

P O BOX 149284
ORLANDO FL 32814-9284

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ORLANDO FL 32814-9284

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

06/24/1994

4. FEI Number

59-3166831

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

21 235 N. CRYSTAL LAKE DR

26 Suite, Apt. #, etc.

22 HANGAR 213

27 Suite, Apt. #, etc.

23 Orlando, FL

28 City & State

24 32803 25 USA

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENNEY, JOHN W
201 N CRYSTAL LAKE DR
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2028 EXCALIBUR DR.

83

84 City Orlando

FL

85 Zip Code 32822

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TENNEY, JOHN W.
STREET ADDRESS 2028 EXCALIBUR DRIVE
CITY- ST- ZIP ORLANDO FL 32822

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP 32822

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. Tenney P. 5/22/95 407-894-7121