

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

FILED

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P93000050315 (9)

96 APR 30 PM 12:30

1. Corporation Name
JRS AVIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **1122 PARK STREET NORTH ST. PETERSBURG FL 33710**
Mailing Address: **C/O J. BOB HUMPHRIES P.O. BOX 1438 TAMPA FL 33601**

3. Date Incorporated or Qualified: **07/19/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3243170**
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 (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
**HUMPHRIES, J. BOB
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD #1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEER, ROY M.	1.2 NAME	
STREET ADDRESS	1803 US 19	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	
TITLE	PSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, JACK R.	2.2 NAME	
STREET ADDRESS	980 GULF BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR SHORES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, MONTY	3.2 NAME	
STREET ADDRESS	1803 US 19	3.3 STREET ADDRESS	900001801129
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	-04/30/96--01068--003
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, J. BOB	4.2 NAME	
STREET ADDRESS	501 E KENNEDY BLVD #1700	4.3 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Bob Humphries, Asst. Sec. Date: **4/28/96** Daytime Phone #: **(813) 222-1173**

CR2E034 (12/95)