

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

97 APR 30 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000050315 (9)**

1. Corporation Name  
**JRS AVIATION, INC.**

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 33601-1438**



3. Date Incorporated or Qualified <b>07/19/1993</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-3243170</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HUMPHRIES, J BOB FOWLER, WHITE LAW FIRM 501 E KENNEDY BLVD #1700 TAMPA FL 33602</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SPEER, ROY M</b>	1.2 NAME	
STREET ADDRESS	<b>1803 US 19</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PSTD STAPLES, JACK R</b>	2.2 NAME	<b>800002159908</b>
STREET ADDRESS	<b>980 GULF BLVD</b>	2.3 STREET ADDRESS	<b>-04/30/97--01020--023</b>
CITY - ST - ZIP	<b>BELLEAIR SHORES FL</b>	2.4 CITY - ST - ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD NICKERSON, MONTY</b>	3.2 NAME	
STREET ADDRESS	<b>1803 US 19</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS HUMPHRIES, J. BOB</b>	4.2 NAME	
STREET ADDRESS	<b>501 E KENNEDY BLVD #1700</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	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 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: J. Bob Humphries, Assistant Secretary** Date: **4/29/97** (813) 222-1173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)