

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

DOCUMENT # P93000085905 (6)

1. Corporation Name:

JONES CUSTOM AIRCRAFT SERVICES, INC.

**APPROVED
AND
FILED**

5 MAY 11 AM 8:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business:

**745 JENKINS STREET
KISSIMMEE FL 34741**

Mailing Address:

**745 JENKINS STREET
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

06/09/1994

4. FEI Number

59-3224414

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 § 199.032
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

Country

9. Name and Address of Current Registered Agent

**JONES, C H
745 JENKINS STREET
KISSIMMEE FL 34741**

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Agent (printed name) and typed name of agent after term change

Signature of Registered Agent (printed name) and typed name of agent after term change

(S&T)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
JONES, C H
745 JENKINS STREET
KISSIMMEE FL**

**VPD
JONES, CHERYL
745 JENKINS STREET
KISSIMMEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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(2)(b), 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 this corporation, 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. I am an attachment with my address.

SIGNATURE:

C. Hall Jones

C. Hall Jones

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

5/9/95

407-846-1244

(Date)

(Telephone Number)