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

DOCUMENT # P93000087241

1. Corporation Name
J+T AIRCRAFT, INC.

Principal Place of Business: 110 Ocean Hollow LANE #307 ST. AUGUSTINE, FLA 32095
Mailing Address: SAME

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/93	6-26-95

2. Principal Place of Business	2a. Mailing Address
21 110 OCEAN Hollow LA	26 110 OCEAN Hollow LA
Suite, Apt. #, etc. 22 #307	Suite, Apt. #, etc. 27 #307
City & State 23 ST. AUGUSTINE, FL	City & State 28 ST. AUGUSTINE, FL
Zip 24 32095 / Country 25 USA	Zip 29 32095 / Country 30 USA

4. FEI Number: 59-3214497 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: THOMAS S. ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable): 110 OCEAN Hollow LANE #307
83
84 City: ST. AUGUSTINE **FL** 85 Zip Code: 32095

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] DATE 3-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/T/D [X] DELETE	1 TITLE	P/S/T/D [X] Change [ ] Addition
NAME	JACK A. MAYBERRY	1 2 NAME	THOMAS S. ARNOLD
STREET ADDRESS	6161 LAKE TAHOE DRIVE	1 3 STREET ADDRESS	110 OCEAN HOLLOW LANE #307
CITY, ST, ZIP	JACKSONVILLE, FL 32256	1 4 CITY, ST, ZIP	ST. AUGUSTINE, FL 32095
TITLE	[ ] DELETE	2 1 TITLE	[ ] Change [ ] Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY, ST, ZIP		2 4 CITY, ST, ZIP	
TITLE	[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE	[ ] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE	[ ] DELETE	5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE	[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY, ST, ZIP	

700001772057
-04/08/96--01031--032
***200.00

CR2E034 (12/95)

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: [signature] 3-27-96 904-829-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #