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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000087241 (4)**

1. Corporation Name
J & T AIRCRAFT, INC.

Principal Place of Business	Mailing Address
110 OCEAN HOLLOW LN. #307 ST. AUGUSTINE FL 32095 US	110 OCEAN HOLLOW LN. #307 ST. AUGUSTINE FL 32095-8840 US

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 04/06/1996

2. Principal Place of Business
21 332 Village Drive
Suite, Apt. #, etc.
22 F
City & State
23 St. Augustine, FL
Zip 24 32095 Country 25 USA

2a. Mailing Address
26 332 Village Drive
Suite, Apt. #, etc.
27 F
City & State
28 St. Augustine, FL
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 ☒ No

9. Name and Address of Current Registered Agent

ARNOLD, THOMAS S.
110 OCEAN HOLLOW LN. #307
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name: THOMAS S. ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable): 332 Village Drive Suite F
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: Thomas S. Arnold 1-11-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, THOMAS S		1.2 NAME	
STREET ADDRESS	110 OCEAN HOLLOW LANE NUMBER 307		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		1.4 CITY-ST-ZIP	
TITLE	STD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYBERRY, JACK A		2.2 NAME	
STREET ADDRESS	6161 LAKE TAHOE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		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	

CR2E034 (9/96)

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, added, or on an attachment with an address.

SIGNATURE: Thomas S. Arnold 1-11-97 904 829-8959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017899