

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000005046 (5)

1. Corporation Name

JET CAP AVIATION CORPORATION



Principal Place of Business

3925 AERO PLACE  
UNDER REGIONAL AIRPORT  
LAKELAND FL 33811

Mailing Address

3925 AERO PLACE  
UNDER REGIONAL AIRPORT  
LAKELAND FL 33811

3. Date Incorporated or Qualified  
01/21/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3220272

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1506, 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 (Typed or printed name of registered agent or third party, if applicable)

(Typed or printed name of registered agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HUNTER, B.D.  
STREET ADDRESS  
14323 S. OUTER FORTY DR. #600N  
CITY-ST-ZIP  
CHESTERFIELD MO

TITLE ☐ DELETE

NAME  
MARISCHEN, ROBERT J.  
STREET ADDRESS  
14323 S. OUTER FORTY DR. #600N  
CITY-ST-ZIP  
CHESTERFIELD MO

TITLE ☐ DELETE

NAME  
GOLDSTEIN, WILLIAM J.  
STREET ADDRESS  
3925 AERO PLACE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☒ DELETE

NAME  
~~ARALDI, J. MICHAEL~~  
STREET ADDRESS  
~~3925 AERO PLACE~~  
CITY-ST-ZIP  
~~LAKELAND FL~~

TITLE ☐ DELETE

NAME  
VERKRUYSSE, ANTHONY J.  
STREET ADDRESS  
14323 S. OUTER FORTY DR. #600N  
CITY-ST-ZIP  
CHESTERFIELD MO

TITLE ☐ DELETE

NAME  
DAVIS, DEBRA  
STREET ADDRESS  
14323 S. OUTER FORTY DR. #600N  
CITY-ST-ZIP  
CHESTERFIELD MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Anthony J. Verkruyse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANTHONY J. VERKRUYSSE

4/10/96

DATE

DAYTIME PHONE

CR2E034 (12/95)