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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000039328

AUMACK AVIATION SERVICES, INC.

Principal Place	e of Business	Mailing Address	-			NEUT LEADE HALL	ITERI ERE JERS
760 KERRY DOWNS CIRCLE MELBOURNE FL 32940  760 KERRY DOWNS CIRCLE MELBOURNE FL 32940  MELBOURNE FL 32940							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
	·				05/17/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-3315647		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	4
City & State	e .	City & State			6. Election Campaign Financing	\$5.00	May Be
23	المقالمة والمستورة والمستريسين والمستويسة المستوينة والمستوية	28	_		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year In	tangible	
24	25	29 3	0		Personal Property Tax	☐ Yes	XNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	<u></u>
			8	1 Name	•		
	MACK, BRYANT D		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
760	KERRY DOWNS CIRCLE		1	Street Address (F.O. Box Number is not Acceptable)			
MEL	BOURNE FL 32940		8	3			
			L			85 Zip C	`-do
			. 8	4 City	FL	85 Zip C	,ode
office or re agent. I a	registered agent, or both, in the State of imfamiliar with, and accept the obligated signature, typed or printed name of registered agent.	of Florida. Such change was autions of, Section 607.0505, Florid	norized b la Statute	y tne corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	intment as rec	Jistered
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PCEO	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	AUMACK, BRYANT		1.2 NAME	<b> </b>			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940						]
TITLE	S/T		1.4 CITY-	-ST-ZIP			
' '		DELETE	1.4 CITY- 2.1 TITLE			☐ Change	☐ Addition
NAME	AUMACK, CAROL	☐ DELETE				☐ Change	Addition
NAME STREET ADDRESS	AUMACK, CAROL 760 KERRY DOWNS CIRCLE	DELETE	2.1 TITLE 2.2 NAME			☐ Change	☐ Addition
STREET ADDRESS	760 KERRY DOWNS CIRCLE	DELETE	2.1 TITLE 2.2 NAME	ET ADORESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STRE	ET ADORESS -ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	760 KERRY DOWNS CIRCLE		2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ET ADORESS -ST-ZIP			
STREET ADDRESS  CITY-ST-ZIP  TITLE  -NAME	760 KERRY DOWNS CIRCLE		2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADORESS -ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP TITLE -NAME - STREET ADDRESS CITY-ST-ZIP TITLE	760 KERRY DOWNS CIRCLE	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	E E E ADDRESS -ST-ZIP -ST-ZIP -ST-ZIP		Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE -NAME	760 KERRY DOWNS CIRCLE	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	760 KERRY DOWNS CIRCLE	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Change	Addition

14. I 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 of 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, with all other like empowered. CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZiP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90290 046 \*\*\*150.00