

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 # P95000055544 (7)

1. Corporation Name

AIR LANCE, INC.



Principal Place of Business

225 EAST CHURCH STREET
JACKSONVILLE FL 32202

Mailing Address

225 EAST CHURCH STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

249 N. Wind CT

27

Suite, Apt. #, etc.

22

City & State

27

Ponte Vedra, FL

28

Zip

23

Country

29

Zip

24

Country

30

32082 St. Johns

4. FEI Number

59-3333044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WOODLIEF, MITCHEL E
225 EAST CHURCH STREET
JACKSONVILLE FL 32202

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 607.0502 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, typed or printed name of registered agent and fee application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
EDWARDS, JEFFERSON R
STREET ADDRESS 225 EAST CHURCH STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
WOODLIEF, MITCHEL E
STREET ADDRESS 225 EAST CHURCH STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Polisher, Richard
STREET ADDRESS 249 N. Wind Court
CITY-ST-ZIP Ponte Vedra, FL 32082

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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(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 13 if changed, or on an attachment with an address.

SIGNATURE:

Mitchel E Woodlief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mitchel E Woodlief

3-14-96

904 353-7511

Date:

Daytime Phone #

CR2E034 (12/95)