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

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90022 020 ***150.00

DOCUN	MENT # P95000	097432					
 Corporation 	& SON AIR REPAIR, INC.						
Principal Place	of Business	Mailing Address			*		
1516 E 11TH ST 1516 E 11TH ST PANAMA CITY FL 32401 PANAMA CITY FL 32401					DO NOT WRITE IN THIS SPA	ACE	
					3. Date Incorporated or Qualifed		
		·			12/20/1995		
2. Driverage Dis	non of Business	2a. Mailing Address			4. FEI Number	Applied For	
	cipal Place of Business 2a. Mailing Address 26				59-3355521	Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	8.75 Additional	
27				<u> </u>		Fee Required	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip 29 30		Country	,	Felsonal Floperty Tax.	Yes K No	
24	9. Name and Address of Curre		<u>*</u>		10. Name and Address of New Registered Age	nt	
	v. Remo direction in		81	Name			
JORDAN, KENNETH A JR 1516 E 11TH ST			82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401			83	83			
			84	City	FL	5 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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12							
12.	P ·	DELETE	1.1 TITLE			Change	
NAME	JORDAN, JR., KENNETH A		1.2 NAME				
STREET ADDRESS	8506 WALLCAFT AVE		1.3 STREE	TADORESS			
CITY-ST-ZIP	YOUNGSTOWN FL 32466		1.4 CITY-S	ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	
NAME	JORDAN, FRANCES		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	YOUNGSTOWN FL 32466		2. 4 CITY-	ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE			,	
NAME			3.2 NAME				
STREET ADDRESS	,	•		ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE			Change :: Addition	
TITLE		3	4, 2 NAME				
NAME OTDEET ADDRESS				ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			Change Addition	
TITLE		+ □ DELETE	6.2 NAME		_		
NAME				ET ADORESS			
STREET ADDRESS	,		6.4 CITY-	1			
CITY-ST-ZIP			0.4 OH 1-		Section 110 07(3)(i) Florida Statutes I further certify	that the information	

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 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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 (\$50) 785-57 Date Daytime Phone #