

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000035115 (0)

1. Corporation Name

FLORIDA AVIATION CHARTER, INC.

Principal Place of Business

4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE FL 32095

Mailing Address

4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE FL 32095-6265

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROWN, DUANE  
4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE FL 32095

3. Date Incorporated or Qualified

04/23/1996

3a. Date of Last Report

4. FLE Number

59-3389193

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

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME BROWN, DUANE  
STREET ADDRESS 4900 U.S. 1 NORTH, SUITE 200  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

D  
NAME OTTESEN, BJORN  
STREET ADDRESS 4900 U.S. 1 NORTH  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

D  
NAME STOCKDALE, KENNETH  
STREET ADDRESS 14 2ND STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

D  
NAME WELCH, BEN  
STREET ADDRESS 5724 CROSSWINDS CIRCLE, SUITE 101  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

SIGNATURE

*[Signature]*

4/30-97

904-024-944

CR2E034 (9/96)

FILED  
Jun 10 1997 8:00am  
Secretary of State

