FILED

03-11-1999 90152 035 ***150.00

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 # P96000058159

1. Corporation Name

MAYFAIR AIRCRAFT SVC INC

Principal Place	e of Business	Mailing Address			4011 1011 2010 0110 1910 1180 01148 1811 1001	
400 W AIRPORT	T DR	400 W AIRPORT DR				
SEBASTIAN FL	32958	SEBASTIAN FL 32958		DO NOT W	RITE IN THIS SPACE	
us		US		Date Incorporated or Qualife		7
				07/11/1996		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	╛
21		26		<u>59-3387715</u>	Not Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	١
22		27			ree Required	4
City & State	e	City & State		6. Election Campaign Financin		
23		28		Trust Fund Contribution	Added to Fees	Ŧ
Zip	Country	Zip	Country	8. This corporation owes the c	urrent year Intangible ☐ Yes ☑No	1
24	25		30	Personal Property Tax. 10. Name and Address of Nev		┥
	9. Name and Address of C	Current Registered Agent	81 Name			1
				nelinda mes	<u>'ee</u>	╛
			82 Street A	ddress (P.O. Box Number is Not Acce	Ptable), NW	}
			83	A HOIDTOOK	KO 1000	┥
			63	YAlm BAY		╛
			84 City		FL 85 Zip Code	1
		07.0502 and 607.1508, Florida Statute	a the above semed of	ornoration submits this statement for t	he nurnose of changing its registered	\dashv
office or re	egistered agent, or both, in the	State of Florida. Such change was au	thorized by the corpor	ation's board of directors. I hereby acc	cept the appointment as registered	
						1
agent, I ai	m familiar with, and accept the	obligations of Section 607.0505, Flori	da Statutes.		-10100	
agent, I ai	m familiar with, and accept the	medical form of the section 607.0505, Flori	aa Statutes. Nelinda	McGee	3/9/99	
agent, I ai	m familiar with, and accept the	obligations of Section 607.0505, Flori ared agent and title if applicable. (NOTE:	Melinda Registered Agent signature req	McGee	DATE	
agent, I at SIGNATURE	familiar with, and accept the Signature, typed or printed name of register OFFICE	medical form of the section 607.0505, Flori	aa Statutes. Nelinda	McGee	3/9/99 DATE DEFICERS AND DIRECTORS IN 12 Change Addition	 - -
agent, I all SIGNATURE 12. TITLE	signature, typed or printed name of registre OFFICE	obligations of Section 607.0505, Flori- ared agent and title if applicable. (NOTE: RS AND DIRECTORS	Melinda Registered Agent signature req	McGee	OFFICERS AND DIRECTORS IN 12	n
agent, I ai SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICE PDT GRIMWADE, ANDREW	obligations of Section 607.0505, Flori- ared agent and title if applicable. (NOTE: RS AND DIRECTORS	Nelinda Registered Agent signature req 13. 1.1 TITLE	McGee	OFFICERS AND DIRECTORS IN 12	n
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registres of the PDT GRIMWADE, ANDREW 8300 US HWY 1	obligations of Section 607.0505, Flori- ared agent and title if applicable. (NOTE: RS AND DIRECTORS	Pelinda Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	McGee	OFFICERS AND DIRECTORS IN 12	n
agent, I ai SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registres of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL	obligations of Section 607.0505, Flori- ared agent and title if applicable. (NOTE: RS AND DIRECTORS	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	McGee	OFFICERS AND DIRECTORS IN 12	
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registres of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL	obligations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	register with, and accept the Signature, typed or printed name of register OFFICE PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK	obligations of Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	Pelinda Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	Pelinda Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	register with, and accept the Signature, typed or printed name of register OFFICE PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK	obligations of Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	n
agent, I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridation 607.0505,	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	McGee	OFFICERS AND DIRECTORS IN 12 Change Additio	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary Communication (NOTE: RS AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	McGee	OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary Communication (NOTE: RS AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	McGee	OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary Communication (NOTE: RS AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	McGee	OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary Communication (NOTE: RS AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	MeGee uired when reinstating) ADDITIONS/CHANGES TO (OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary ared agent and title if applicable. (NOTE: RS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Me Gee uired when reinstating) ADDITIONS/CHANGES TO G	Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary ared agent and title if applicable. (NOTE: RS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	MeGee uired when reinstating) ADDITIONS/CHANGES TO (Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary ared agent and title if applicable. (NOTE: RS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	MeGee uired when reinstating) ADDITIONS/CHANGES TO (Change Addition Change Addition Change Addition Change Addition	n n
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridary ared agent and title if applicable. (NOTE: RS AND DIRECTORS DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	MeGee uired when reinstating) ADDITIONS/CHANGES TO (Change Addition Change Addition Change Addition Change Addition	ח ה ה
agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figure 1. Signature, typed or printed name of registrong of the PDT GRIMWADE, ANDREW 8300 US HWY 1 MICCO FL VPS BROWN, FREDRICK 3001 W ROLLING HILLS	obligations of Section 607.0505, Floridation	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	MeGee uired when reinstating) ADDITIONS/CHANGES TO (Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Addition	ח ה ה

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 this stee 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.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR