

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90314 010 ***150.00

DOCUMENT # P96000103849

1. Entity Name

AIRKAMAN OF JACKSONVILLE, INC.



Principal Place of Business

201 S. ORANGE AVE.
SIGNATURE PLAZA, SUITE 1100
ORLANDO, FL 32801

Mailing Address

201 S. ORANGE AVE.
SIGNATURE PLAZA, SUITE 1100
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3416502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
HASKINS, ELIZABETH A
418 RIVER DRIVE
DEBARY, FL 32715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO
LEE, STEPHEN W
1613 QUONDAGA
GENEVA, FL 32732 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GOLDSTEIN, JOSEPH I
9169 BAYHILL BLVD.
ORLANDO, FL 32819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, Secretary and General Counsel ☒ Change ☐ Addition
Joseph I. Goldstein
9169 Bay Hill Blvd.
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURRER, GREGORY J
5 PAUDER HOUSE LN.
BOXFORD, MA 01921 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst. Treasurer
Richard Rector
2188 Bent Oak Drive
Apopka, FL 32712 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Robert P. Frese
1125 Lake Shadow Circle 5-202
Maitland, FL 32751 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph I. Goldstein Secretary 4/22/04