1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90018 031 ***150.00

DOCUMENT # P9700060552

1. Corporation Name

ATLANTIC AVIATION LEASING, INC.

Principal Place of Business Mailing Address					I (\$\$\$)(\$\$\$) (1\$ 1841) 1881) 881(1 881) 881(1 881) 981(1 811)	dalat atial Bitte Hericant
8500 HECKSCHER DR. JACKSONVILLE FL 32226 8500 HECKSCHER DR. JACKSONVILLE FL 32226					DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualifed	
					07/11/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3456899	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intang	ible
24	25 29 30		0			Yes □No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered Age	ent
				Name		
JONES, RICHARD K				Street	Address (P.O. Box Number is Not Acceptable)	
501 WEST BAY ST.			82	l olicer	, (as a say (
JACKSONVILLE FL 32202			83			
			84	City		85 Zip Code
			. 04	City	FL	Zip Odds
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 ager	ot and title if applicable. (NOTE: Re	egistered Age	nt signature	required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE			1.1 TITLE			Change Addition
NAME	DOHERTY, E P		1.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			1.4 CITY- 9	T-ZIP		
TITLE			2.1 ΠTLE			Change Addition
NAME	THOMPSON, JR B N		2.2 NAME			
STREET ADDRESS	1200 SAN AMARO RD		2.3 STREE	TADORESS		
CITY-ST-ZIP	JAX FL 32207 2.40			ST-ZIP	<u></u>	
TITLE			3.1 TITLE			Change Addition
NAME	32)		3.2 NAME		Paul G. Woring Ir.	7 909
STREET ADDRESS	3.3		3.3 STREE	T ADDRESS	7925 merc. 11760 Apr	2809
CITY-ST-ZIP	3.4.		3.4. CITY-	ST-ZIP	Jacksonville +r 355,	<u> </u>
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			j
STREET ADDRESS			4.3 STREE	TADDRESS	3	
CITY-ST-ZIP			4.4 CITY- S	T-ZIP	<u> </u>	
T-0. F		□ nei ete	5 4 TITLE		·	☐ Change ☐ Addition !

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 of 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 chapted, or an attachment with an address, with all other like empowered.

JUNE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

Change