

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90088 014 ***150.00

DOCUMENT # P98000103223

1. Corporation Name
PEB AVIATION, INC.

Principal Place of Business
113 LINKSIDE CIRCLE
PONTE BEDRA BEACH FL 32082

Mailing Address
113 LINKSIDE CIRCLE
PONTE BEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

59-3551074

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ponte Vedra Beach, FL

28 Ponte Vedra Beach, FL

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, JAMES I
113 LINKSIDE CIRCLE
PONTE BEDRA BEACH FL 32082

81 Name

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

83

84 City

Ponte Vedra Beach

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BERRY, JAMES I
STREET ADDRESS 113 LINKSIDE CIRCLE
CITY-ST-ZIP PONTE BEDRA BEACH FL 32082

1.1 TITLE Vice President, Secretary ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME POLISNER, RICHARD I
STREET ADDRESS 249 N WIND COURT
CITY-ST-ZIP PONTE BEDRA BEACH FL 32082

2.1 TITLE Vice President, Treasurer ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EDWARDS, JEFFERSON R III
STREET ADDRESS 9011 KINGS COLONY ROAD
CITY-ST-ZIP JACKSONVILL FL 32257

3.1 TITLE President ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James I. Vance Berry, Jr.

3/15/99

Date

Daytime Phone #

CR2E034 (11/98)