

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90017 026 ***150.00

DOCUMENT # P99000043085
Entity Name
Aviation Services of Panama City, Inc.
Principal Place of Business
297 Wahoo Road
Panama City, FL 32411
Mailing Address
297 Wahoo Road
Panama City, FL 32411

80085296

Principal Place of Business
397 Wahoo Road
Suite, Apt. #, etc.
City & State
Panama City, FL
Zip
32411
Country
USA
3. Mailing Address
P. O. Box 2343
Suite, Apt. #, etc.
City & State
Panama City, FL
Zip
32402
Country
USA
4. FEI Number
59-3595583
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ronald T. Bevans, Jr.
9300 N.W. 36th Street, Suite 2331
Miami, FL 33178
7. Name and Address of New Registered Agent
Name
Grady W. McDaniel
Street Address (P.O. Box Number is Not Acceptable)
2801 Country Club Drive
City
Lynn Haven
FL
Zip Code
32444

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.

SIGNATURE
Grady W. McDaniel, Vice President
4/27/00
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James A. Moore 397 Wahoo Road Panama City, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Grady W. McDaniel 2801 Country Club Drive Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grady W. McDaniel, VP*
4/26/00
650-271-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)