

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01329 (9)

1. Corporation Name

JACKSONVILLE JET CENTER, INC.



Principal Place of Business

Mailing Address

**14650 YONGE DR
JACKSONVILLE FL 32229**

**P.O. BOX 16251
JACKSONVILLE FL 32229**

2. Principal Place of Business
21 **855-12 ST JOHNS BLUFF RD**
Suite, Apt. #, etc.
22
City & State
23 **JAX FL**
Zip Country
24 **32225** 25 **DuVAL**
2a. Mailing Address
26 **P.O. BOX 5426**
Suite, Apt. #, etc.
27
City & State
28 **JAX FL**
Zip Country
29 **32247-5426** 30 **DuVAL**

3. Date Incorporated or Qualified
09/21/1990
3a. Date of Last Report
01/23/1995
4. FEI Number
59-3030155
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWMAN, JAMES W
14650 YONGE DR
JACKSONVILLE FL 32229**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
855-12 ST JOHNS BLUFF RD
83
84 City **JAX** 85 Zip Code **FL 32225**

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, typewritten printed name of registered agent and title of agent (if applicable)

(If not a Registered Agent signature required when reporting through)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, JAMES W	
STREET ADDRESS	14650 YONGE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, T W	
STREET ADDRESS	4190 BELFORT RD., #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, JAMES C III	
STREET ADDRESS	4038 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	855-12 ST JOHNS BLUFF RD
1.4 CITY-ST-ZIP	JAX FL 32225
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	R. KEITH HARRIS
3.3 STREET ADDRESS	855-12 ST JOHNS BLUFF RD
3.4 CITY-ST-ZIP	JAX FL 32225
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Keith Harris Vice Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96 904-741-4222

DATE

PHONE NUMBER

CR2E034 (3/96)