

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  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90004 037 \*\*\*158.75

DOCUMENT # V25829

1. Corporation Name

ATLANTIC AVIATION ASSOCIATES INCORPORATED



Principal Place of Business

8977 HERLONG RD  
SUITE 4  
JACKSONVILLE FL 32210

Mailing Address

8977 HERLONG ROAD  
SUITE 4  
JACKSONVILLE FL 32210  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1992

4. FEI Number

59-3112463

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

21 8977 HERLONG ROAD

Suite, Apt. #, etc.

22 HERLONG AIRPORT

City & State

23 JACKSONVILLE FL

Zip

24 32210 25 USA

2a. Mailing Address

26 8977 HERLONG ROAD

Suite, Apt. #, etc.

27 HERLONG AIRPORT

City & State

28 JACKSONVILLE FL

Zip

29 32210 30 USA

9. Name and Address of Current Registered Agent

VITTITOW, JACK H  
8977 HERLONG ROAD  
SUITE 4  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name VITTITOW JACK H  
82 Street Address (P.O. Box Number is Not Acceptable)  
8977 HERLONG ROAD  
83 HERLONG AIRPORT  
84 City JACKSONVILLE FL 85 Zip Code 32210

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 JACK H. VITTITOW

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

(NOTE: Registered Agent signature required when reinstating)

3-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VITTITOW, JACK H  
STREET ADDRESS 8977 HERLONG ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☒ DELETE

NAME TURNER, AUDREY  
STREET ADDRESS 2390 DAVIS RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☒ DELETE

NAME TURNER, AUDREY  
STREET ADDRESS 2390 DAVIS RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME VITTITOW, JACK H  
STREET ADDRESS 1171 SOUTH LANE AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ~~MARK~~ VITTITOW MARK

2.3 STREET ADDRESS 8977 HERLONG ROAD

2.4 CITY-ST-ZIP JACKSONVILLE FL 32210

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ~~MARK~~ VITTITOW MARK

3.3 STREET ADDRESS 8977 HERLONG ROAD

3.4 CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VITTITOW JACK H.

4.3 STREET ADDRESS 8977 HERLONG RD

4.4 CITY-ST-ZIP JACKSONVILLE FL 32210

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Jack H. Vittitow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-99 904 786 4550