

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ATLANTIC AVIATION ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

8977 Herlong Road \*4A  
Jacksonville, FL 32210

8977 Herlong Road \*4A  
Jacksonville, FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/31/1992

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOLM B. LAW  
8977 HERLONG ROAD SUITE 4A  
JACKSONVILLE, FL 32210

81. Name

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

83.

84. City

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: *Malcolm B. Law*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME Vittitow, Jack H.

STREET ADDRESS 8977 Herlong Rd.

CITY-STATE-ZIP Jacksonville, FL 32210

TITLE VP

NAME Vittitow, Mark

STREET ADDRESS 8977 Herlong Rd.

CITY-STATE-ZIP Jacksonville, FL 32210

TITLE S

NAME Vittitow, Mark

STREET ADDRESS 8977 Herlong Rd.

CITY-STATE-ZIP Jacksonville, FL 32210

TITLE T

NAME Vittitow, Jack H.

STREET ADDRESS 8977 Herlong Rd.

CITY-STATE-ZIP Jacksonville, FL 32210

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME Law, Malcolm B.

1.3 STREET ADDRESS 8977 Herlong Rd. Suite 4A

1.4 CITY-STATE-ZIP Jacksonville, FL 32210

2.1 TITLE P: D

2.2 NAME Law, Jean C.

2.3 STREET ADDRESS 8977 Herlong Rd. Suite 8A

2.4 CITY-STATE-ZIP Jacksonville, FL 32210

3.1 TITLE S

3.2 NAME Law, Malcolm B.

3.3 STREET ADDRESS 8977 Herlong Rd. Suite 4A

3.4 CITY-STATE-ZIP Jacksonville, FL 32210

4.1 TITLE T

4.2 NAME Law, Jean C.

4.3 STREET ADDRESS 8977 Herlong Rd. Suite 8A

4.4 CITY-STATE-ZIP Jacksonville, FL 32210

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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\*\*\*\*\*61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)