

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39354 (8)**

1. Corporation Name
TAILOR AVIATION COMPANY



Principal Place of Business

Mailing Address

112 W. ADAMS STREET
SUITE 1802
JACKSONVILLE FL 32202

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SUITE 1802
JACKSONVILLE FL 32202

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6182 Belle Rive Ct	26	6182 Belle Rive Ct	05/20/1992	07/13/1995
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
				59-3127197	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Jacksonville FL	28	Jacksonville FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	32256	29	32256	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	USA	30	USA		

9. Name and Address of Current Registered Agent

BERGWERK, RONALD
301 W. BAY STREET
SUITE 2320
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name: JOHN A. PALUMBO
82 Street Address (P.O. Box Number is Not Acceptable): 6182 Belle Rive Ct
83
84 City: Jacksonville FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Officer or Director

7-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PST
NAME	PHILLIPS, BRENDA	12 NAME	JOHN A. PALUMBO
STREET ADDRESS	6506 CROOKED CREEK LANE	13 STREET ADDRESS	6182 Belle Rive Ct.
CITY - ST - ZIP	ST. AUGUSTINE FL	14 CITY - ST - ZIP	Jacksonville FL 32256
TITLE		21 TITLE	
NAME	John A. Palumbo	22 NAME	
STREET ADDRESS	6182 Belle Rive Ct	23 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville FL 32256	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 included 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. PALUMBO

7/30/96

904-641-2043

CR2E034 (3/96)