

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47443 (9)

1. Corporation Name

CHARIOT AVIATION TRAINING SERVICES, INC.

Principal Place of Business

**843 KELL-AIRE DR
DESTIN FL 32541
US**

Mailing Address

**843 KELL-AIRE DR
DESTIN FL 32541
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 118 Scranton St.

2a. Mailing Address

26 118 Scranton St.

4. FEI Number

59-3130257

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Ft. Walton Beach, FL

City & State

28 Ft. Walton Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOHERTY, THOMAS J
118 SCRANTON ST
FT WALTON BEACH FL 32547**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPT
DOHERTY, THOMAS J.
118 SCRANTON ST
FT WALTON BEACH FL**

11 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE

**DV
NELSON, RAINER J
843 KELL AIRE DRIVE
DESTIN FL**

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

**DS
O'REILLY, JOHN M JR.
505 PARRISH POINT
MAY ESTHER FL**

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

NAME

41 TITLE

☐ Change ☐ Addition

STREET ADDRESS

42 NAME

CITY - ST - ZIP

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

51 TITLE

☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY - ST - ZIP

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

61 TITLE

☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY - ST - ZIP

63 STREET ADDRESS

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 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.

SIGNATURE: Thomas J. Doherty April 15, 1995 (904) 864-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone