

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 # **V47443** (9)

1. Corporation Name

**CHARIOT AVIATION TRAINING SERVICES, INC.**



Principal Place of Business

Mailing Address

118 SCRANTON ST  
FT. WALTON BCH FL 32547-2538  
US

118 SCRANTON ST  
32547-2538 FL 32541  
US

2. Principal Place of Business

2a. Mailing Address

21 9139 RIDGE DR.

26 P.O. Box 5462

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAVARRE, FL

28 NAVARRE, FL

24 Zip

Country

29 Zip

Country

32566

25 SANTA ROSA

32566-0162

30 SANTA ROSA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

07/01/1992

04/18/1995

4. FEI Number

Applied For

59-3130257

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

10. Name and Address of New Registered Agent

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

81 Name

THOMAS J. DOHERTY

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

9139 RIDGE DR.

83

84 City

NAVARRE

FL

85 Zip Code

32566

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

Thomas J. Doherty

(NOTE: Registered Agent signature required when reappointing)

6-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT  
DOHERTY, THOMAS J.  
STREET ADDRESS 118 SCRANTON ST  
CITY - ST - ZIP FT WALTON BEACH FL

TITLE ☐ DELETE

NAME DV  
NELSON, RAINER J  
STREET ADDRESS 843 KELL AIRE DRIVE  
CITY - ST - ZIP DESTIN FL

TITLE ☐ DELETE

NAME DS  
O'REILLY, JOHN M JR.  
STREET ADDRESS 505 PARRISH POINT  
CITY - ST - ZIP MAY ESTHER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

11 TITLE ☒ Change ☐ Addition

12 NAME DPT  
DOHERTY, THOMAS J.  
13 STREET ADDRESS 9139 RIDGE DR.  
14 CITY - ST - ZIP NAVARRE, FL 32566

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
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 617, 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 - PRESIDENT

6-12-96 904-936-9384

DATE

Signature #14-17

CR2E034 (3/96)