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FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

9139 RIDGE DRIVE
NAVARRE FL 32566
US

Mailing Address

P.O. BOX 5462
NAVARRE FL 32566-0462
US

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

06/17/1996

4. FEI Number

59-3130257

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DOHERTY, THOMAS
9139 RIDGE DRIVE
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

NAVARRE

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:

Thomas J. Doherty

(NOTE: Registered Agent signature required when reinstating)

2-11-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME DOHERTY, THOMAS J.
STREET ADDRESS 9139 RIDGE DR
CITY - ST - ZIP NAVARRE FL

TITLE DV ☐ DELETE

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

TITLE DS ☐ DELETE

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

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

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

NAVARRE, FL 32566

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DESTIN, FL 32541

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

MARY ESTHER, FL 32569

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 do 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.

SIGNATURE:

Thomas J. Doherty

THOMAS J. DOHERTY

DATE

2-11-97 904-936-9384

Daytime Phone #

CR2E034 (9/96)