

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59980 (5)

1. Corporation Name

NATIONAL FLIGHT SALES CORPORATION

Principal Place of Business

Mailing Address

SUITE 201
402 REO STREET
TAMPA FL 33609

SUITE 201
402 REO STREET
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3143798

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYLWARD, ROBERT E.
100 N TAMPA STREET
SUITE 2425
TAMPA FL 33602

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	PD
NAME	WILES, THOMAS J.
STREET ADDRESS	151 INDIGO COVE PL
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	VPD
NAME	SNOW, DONALD D.
STREET ADDRESS	8715 N WHITTIER ST
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	CORWIN, DAVID R.
STREET ADDRESS	10971 E AIRPORT SERVICES
CITY - ST - ZIP	SWANTON OH
TITLE	D
NAME	CRUMMEY, JOHN K
STREET ADDRESS	5170 W BETHANY HOME RD
CITY - ST - ZIP	GLENDALE AZ
TITLE	TD
NAME	SHOCK, JAMES P
STREET ADDRESS	10971 E. AIRPORT SERVICES
CITY - ST - ZIP	SWANTON OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald D Snow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

4-27-95 813-282-8180