

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06056

**Entity Name:** NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.**Current Principal Place of Business:**855-12 ST JOHNS BLUFF RD  
HANGAR 12  
JACKSONVILLE, FL 32225**Current Mailing Address:**855-12 ST JOHNS BLUFF RD  
HANGAR 12  
JACKSONVILLE, FL 32225 US**FEI Number:** 59-2049937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, FRANK  
855-1 ST JOHNS BLUFF RD N  
BOX 12  
JACKSONVILLE, FL 32225 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** FRANK WILSON

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MULLIGAN, GREG  
Address 855-12 ST JOHNS BLUFF RD  
HANGAR 12  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name SWARTZMAN, STEVE  
Address 855-12 ST JOHNS BLUFF RD  
HANGAR 12  
City-State-Zip: JACKSONVILLE FL 32225

Title CEO  
Name WILSON, FRANK  
Address 855-12 ST JOHNS BLUFF RD  
HANGAR 12  
City-State-Zip: JACKSONVILLE FL 32225

Title CTO  
Name AL-DURGHAM, MOHANNAD  
Address 855-12 ST JOHNS BLUFF RD  
HANGAR 12  
City-State-Zip: JACKSONVILLE FL 32225

Title COO  
Name BOATWRIGHT, DONN  
Address 855-12 ST JOHNS BLUFF RD  
HANGAR 12  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK WILSON

CEO

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date