FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



FI	LE NOW: FILING	FEE AFTER MAY 1 IS	FILED			
	PROFIT	19	TIMENT OF STATE	Mar 28	1997 8:00am	
	NAME OF THE POPULATION OF THE		s. Mortham → ry of State			
•	1997 DIVISION OF CO		CORPORATIONS	Secretary of State Secretary of State		
DOCUI 1. Corporation LANDSE	MENT # 5890 AIR, INC.	36 (3)		I IONAL EKALINIA IIII BAND HIIA AN		
Principal Place of Business 4 STATE ST. DAYENPORT FL 33837 US		Mailing Address P.O. BOX 877 DAVENPORT FL 33836-087 US	P.O. BOX 877 DAVENPORT FL 33836-0877		3. Date incorporated or Qualified 3a. Date of Last Report	
				10/10/1978	05/01/1996	
2. Principa: Pl	ace of Business	2a. Mailing Address	= 977	4. FEI Number 59-1846514	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	· H.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Pall	Country Country	Zip	Country 30 POIK	8. This corporation has liability fo	r intangible tax under s. 199.032,	
24 23 8	9. Name and Address of	29 Current Registered Agent	30 10112	Florida Statutes 10. Name and Address of New R	Yes No egistered Agent	
	NLAND, GLADYS Y		81 Name			
#4 STATE STREET DAVENPORT FL 33837			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
- DAY	ENFORT L 30007		83			
	•		84 City		85 Zip Code	
11. Pursuant*	to the provisions of Sections 6	507.0502 and 607.1508. Florida Statu	les, the above-named corp	poration submits this statement for the	purpose of changing its registered	
office or r agent. La	egistered agent, or both, in th ni fa n har with, and accept th	ie State of Florida. Such change was ie obligations of, Section 607.0505, Fl	authorized by the corporal orida Statutes.	poration submits this statement for the tion's board of directors. I hereby according	ept the appointment as registered	
SIGNATURE	Glady 7	Scrulaux	Gladys Y	Sca Land red when reinstating)	3/10/97	
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
THEF	PD OLARVO V	☐ DELETE	1.1 TITLE			
NAME PROCEST ASSESSED	SCANLAND, GLADYS Y #4 STATE STREET		1.2 NAME 1.3 STREET ADDRESS		533	
STREET ADDRESS OFY-ST-7P	DAVENPORT, FL 00000		1.4 CHY-ST-Z#P		Change Addition C	
Inte	ST	DELETE	2 1 TITLE		Change Addition C	
NAME	SCANLAND, GLADYS Y		22 NAME			
STHEET ADDRESS	#4 STATE STREET DAVENPORT, FL 00000		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			
CHY-ST-70°		DELETE	3 1 TITLE		Change Addition	
NAMÉ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
COTY - ST. 7(F) TITLE		DELETE	3.4. C(TY - ST - Z(P 4.1 T(TLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.9 STHEET ADDRESS			
City-St-ZiP		DELETE	4.4 CITY - ST - ZIP		Change Addition	
11'15		☐ DELETE	5 1 TITLE 5.2 NAME		C cualide T vocation	
NAME STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7IP			5.4 CITY-ST-ZIP			
THE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADORESS CITY: ST-ZIF			6.3 STREET ADDRESS 6.4 City - St - Zip			
14 Ldo bero	hy certify that the information	supplied with this filing does not qua	lify for the exemption state	d in Section 119.07(3)(I), Florida Statu It my signature shall have the same le	tes. I further certify that the	
Lam an c	officer or director of the corpo	ration or the receiver or trustee emporinged, or on an attachment with an	wered to execute this repo	ort as required by Chapter 607, Florida	i Statutes; and that my name	

SIGNATURE:

Daytiπ е Рт-оли #