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Jan 14 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 # **F74790** (9)
1. Corporation Name
EXECUTIVE AIR CENTER, INC.



Principal Place of Business: **237 N CRYSTAL LAKE DR P.O. BOX 140875 ORLANDO FL 32814**
Mailing Address: **237 N CRYSTAL LAKE DR P.O. BOX 140875 ORLANDO FL 32814-0875**

3. Date Incorporated or Qualified: **04/01/1982**
3a. Date of Last Report: **04/11/1996**
4. FEI Number: **59-2196994**
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 (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: **DUDLEY, DONALD N. 658 PINE MEADOW RD ORLANDO, FL 32825**
10. Name and Address of New Registered Agent (81-85)

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: *Donald N. Dudley* (1-7-97)
Signature typed or printed name of registered agent and to whom applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	HARMON, DAVID R	1.2 NAME	
STREET ADDRESS	14121 JOHN LAKE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLERMONT FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	BONE, MARSHALL B	2.2 NAME	
STREET ADDRESS	900 PINE TREE TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	DUDLEY, DONALD N.	3.2 NAME	
STREET ADDRESS	658 PINE MEADOW RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Donald N. Dudley* (1-7-97) 407-896-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)