

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 27

DOCUMENT # F81991 (4)

1. Corporation Name
FLIGHTLINE GROUP, INC.

Principal Place of Business
TALLAHASSEE REGIONAL AIRPORT
3256 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

Mailing Address
TALLAHASSEE REGIONAL AIRPORT
3256 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/19/1982 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2189666 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 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGSTON, PAUL M
TALLAHASSEE REGIONAL AIRPORT
3256 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LANGSTON, PAUL M
STREET ADDRESS 4533 ANDREW JACKSON WAY
CITY-ST-ZIP TALLAHASSEE, FL 00000

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32303

TITLE ST
NAME LANGSTON, CARMEN G.
STREET ADDRESS 4533 ANDREW JACKSON WAY
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32303

TITLE VP
NAME LANGSTON, CHARLES D
STREET ADDRESS 1516 MERRYOAKS CT
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE VP & Co-ST ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 2986 St. Stevens Dr
3.4 CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Langston, President

1-25-95

Date

904 574-4444

Daytime (Area)