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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32310-8723**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/19/1982

3a. Date of Last Report

03/26/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signatures: Type and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
P	LANGSTON, PAUL M	4533 ANDREW JACKSON WAY	TALLAHASSEE, FL 00000	☐
ST	LANGSTON, CARMEN G.	4533 ANDREW JACKSON WAY	TALLAHASSEE FL	☐
VPST	LANGSTON, CHARLES D	2986 ST. STEVENS DR	TALLAHASSEE FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
1.1				☐	☐
1.2				☐	☐
1.3				☐	☐
1.4				☐	☐
2.1				☐	☐
2.2				☐	☐
2.3				☐	☐
2.4				☐	☐
3.1				☐	☐
3.2				☐	☐
3.3				☐	☐
3.4				☐	☐
4.1				☐	☐
4.2				☐	☐
4.3				☐	☐
4.4				☐	☐
5.1				☐	☐
5.2				☐	☐
5.3				☐	☐
5.4				☐	☐
6.1				☐	☐
6.2				☐	☐
6.3				☐	☐
6.4				☐	☐

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. DANIEL LANGSTON

Date

Daytime Phone

0049528

CR2E034 (9/96)