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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J76449

GENESEE AIRWAYS INC.

2633 LANTANA RD #7
LANTANA FL 33462-2477
US

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

2. Principal Place of Business

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

2633 LANTANA RD #7 LANTANA FL 33462-2477

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

27

28

29

Zip

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 035 \*\*\*150.00



	DO NOT WRI	TE IN THIS	SPACE			
3.	Date Incorporated or Qualifed					
	06/08/1987					
4.	FEI Number	• > -	A	pplied For		
	16-1311557		N	ot 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 owes the curre Personal Property Tax.	ent year Int	angible Yes	□No		
10.	Name and Address of New Registered Agent					

DRILLING, ELIZABETH A

2633 LANTANA RD #7

LANTANA FL 33462

81 Name C. D. C.L.A.

82 Street Address (P.O. Box Number is September 1)

83 Street Address (P.O. Box Number is September 1)

84 City September 1)

١.,	C. D. CLAPPER	
82	Street Address (P.O. Box Number is Not Accept 224 Sky Line Dr.	otable)
	6924 SKyLise VR	NE
83		
84	City 7 -/ 3-/	85 Zip Code
	DELLAY BEACH	FL   133996

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, and accept the obligations of Section 607.0505. Florida Statutes.

Country

30

office or re agent, I a	egistered agent, or both, in the State of Florida. Such change was autom in familiar with, and accept the obligations of, Section 607.0505, Florid	la Statutes.	Jianon's board of directors. The			.0.0.00
SIGNATURE	C.D. CLAPPER L.D.	- Chu	<b>/</b>	4/28		
OIOIX TOILE		egistered Agent speciure r	equired when reinstating)  ADDITIONS/CHANC		DATE CONTRACTOR	20 111 40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	SES TO OFFIC	CERS AND DIRECTOR	Addition
TITLE	<b>DPT</b> DELETE	1.1	AT CLARGE		mange	☐ Addidon
NAME	DRILLING, RICHARD L.	1.2 NAME	LEAN SHILLIE	Dive		İ
STREET ADDRESS	2633 LANTANA RD #7	1.3 STREET ADDRESS	C.D. CLAMER 1924 SKyline Deliny Bench		33446	
C/TY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	DELANY BENCK	F-L		
TITLE	DVS - XOELETE	2.1 TITLE			☐ Change	Addition
NAME	. DRILLING, ELIZABETH_	2.2 NAME	π- /	_	e waaan ee ee ee	~
STREET ADDRESS	2633 LANTANA RD #7	2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	LANTANA FL	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				į
CITY-ST-ZIP		3.4. CITY-ST-ZIP	·		•	
TITLE	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME -		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				

14. I 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/28/79 521 968 0019

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