FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 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 # **159456** **(3)**

1. Corporation Name
SOUTHERN AIR TRANSPORT, INC.

Principal Place of Business
2255 KIMBERLY PKWY E
P.O. BOX ~~524000~~ 328988
COLUMBUS OH 43232
US

Mailing Address
P.O. BOX 328988
~~P.O. BOX 524000~~
COLUMBUS OH 43232-8988
US

3. Date Incorporated or Qualified: **10/31/1949**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-0632783** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: CD	☐ DELETE	1.1 TITLE: C		☒ Change ☐ Addition
NAME: BASTIAN, JAMES		1.2 NAME		
STREET ADDRESS: 140 ARVIDA PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP		
TITLE: P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME: LANGTON, WILLIAM		2.2 NAME		
STREET ADDRESS: 7277 LITHPOLIS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP: GROVEPORT OH		2.4 CITY-ST-ZIP		
TITLE: VT	☐ DELETE	3.1 TITLE	V/T	☒ Change ☐ Addition
NAME: PEART, ROBERT J		3.2 NAME		
STREET ADDRESS: 5667 MORLICH SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP: DUBLIN OH		3.4 CITY-ST-ZIP		
TITLE: V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME: VAN GORDON, STEPHEN J		4.2 NAME		
STREET ADDRESS: 9058 EVERSOLE RUN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP: PLAIN CITY OH		4.4 CITY-ST-ZIP		
TITLE: S	☐ DELETE	5.1 TITLE	V/S	☒ Change ☐ Addition
NAME: EAKINS GARY		5.2 NAME		
STREET ADDRESS: 7367 TOTTENHAM PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP: NEW ALBANY OH		5.4 CITY-ST-ZIP		
TITLE: V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME: HARTLEY, MICHAEL M.		6.2 NAME		
STREET ADDRESS: 7040 WYNFIELD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP: BLACKLICK OH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 above, or on an attachment with an address.

SIGNATURE: [signature] J. ROBERT PEART 01/13/97 (614) 751-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #