

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90113 040 ***150.00

DOCUMENT # 394818

1. Corporation Name
BRANDON AIR COMPANY, INC.

Principal Place of Business
111 A & B NORTH VALRICO ROAD
POST OFFICE BOX 1411
VALRICO FL 33594-8411

Mailing Address
111 A & B NORTH VALRICO ROAD
POST OFFICE BOX 1411
VALRICO FL 33594-8411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1972

4. FEI Number

59-1380686

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MELTON, BRIAN
111 NORTH VALRICO ROAD
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SKELTON, SAMUEL T.	
STREET ADDRESS	215 CRANBERRY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SKELTON JR., SAMUEL M.	
STREET ADDRESS	215 CRANBERRY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SKELTON, DORIS S	
STREET ADDRESS	215 CRANBERRY LN	
CITY-ST-ZIP	BRANDON FL	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	SKELTON, SAMUEL M.	
STREET ADDRESS	215 CRANBERRY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President/D
2.3 STREET ADDRESS	Brian K. Melton
2.4 CITY-ST-ZIP	210 Cranberry Lane
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brandon 71 33510
3.3 STREET ADDRESS	ST D
3.4 CITY-ST-ZIP	Lisa Kay Melton
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	210 Cranberry Lane
4.3 STREET ADDRESS	Brandon 71 33510
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 DIRECTOR

Date

Daytime Phone #

1/5/99

813-689-0810

0521460

CR2E034 (1/198)