

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 447658 (6)

1. Corporation Name

MTM FLYING, INC.



Principal Place of Business

899 WEST VASSAR STREET  
ORLANDO FL 32804

Mailing Address

899 WEST VASSAR STREET  
ORLANDO FL 32804

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/14/1974

3a. Date of Last Report

02/27/1995

4. FEI Number

59-1550069

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

STANNAH, MARGARET E.  
899 WEST VASSAR STREET  
ORLANDO FL 32804

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 of person certifying change is true and correct (File)

(File) Signature of Agent (Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
STANNAH, MARGARET E.  
STREET ADDRESS  
899 WEST VASSAR STREET  
CITY-STATE-ZIP  
ORLANDO FL

☐ DELETE

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

Margaret E. Stannah

SIGNATURE: Margaret E. Stannah PVS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

(407) 422-7763

Date

Telephone #

CR2E034 (12/95)