

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 # 470229

1. Corporation Name

TREASURE COAST AIR TAXI, INC.



Principal Place of Business

8465 OLD DIXIE HWY
WABASSO FL 32970
US

Mailing Address

PO BOX 277
WABASSO FL 32970
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1975

4. FEI Number

59-1575965

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

GRAVES, J. RICHARD, JR
8465 OLD DIXIE HWY
WABASSO FL 32970

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, etc.)

83

84 City

85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

06/04/99 01087 010

***1500.00 ***150.00

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

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME RANSON, CHARLES T.
STREET ADDRESS 3500 MARSHA LANE
CITY-ST-ZIP VERO BEACH FL

TITLE NAME ☐ DELETE

NAME D
STREET ADDRESS GRAVES, J. R.
CITY-ST-ZIP 1915 34TH AVE
VERO BCH. FL

TITLE NAME ☐ DELETE

NAME DP
STREET ADDRESS GRAVES, J. RICHARD JR.
CITY-ST-ZIP 8465 OLD DIXIE HWY
WABASSO FL

TITLE NAME ☐ DELETE

NAME DST
STREET ADDRESS BASS, ELIZABETH G
CITY-ST-ZIP 6275 N MIRROR LAKE DR
SEBASTIAN FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or on an attachment with an address, with all other like empowered.

CHARLES T. RANSON

EXECUTIVE VICE PRESIDENT APRIL 8 1999 561-589-4356

SIGNATURE