

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

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Jan 14 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 # 490147 (6)
1. Corporation Name
JOHNSON AIR SERVICE, INC.



Principal Place of Business: ~~KAHIKI HARBOR~~ Venetian Shores
PLANTATION KEY, P.O. BX 792
TAVERNIER FL 33070

Mailing Address: ~~KAHIKI HARBOR~~ Venetian Shores
PLANTATION KEY, P.O. BX 792
TAVERNIER FL 33070-0792

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/19/1975	04/15/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1633687	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
JOHNSON, GARY L KAHIKI HARBOR HARBOR LANE PLANTATION KEY FL 33070				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, GARY L KAHIKI HARBOR HARBOR LANE PLANTATION KEY FL 33070				81 Name	JOHNSON GARY L		
				82 Street Address (P.O. Box Number is Not Acceptable)	Bay View Isle Drive		
				83	Venetian Shores		
				84 City	FL	85 Zip Code	33036
				Islamorada			

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 _____ DATE _____
Signature of registered agent and officer or director (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JOHNSON, GARY L	1.2 NAME	Johnson, Gary L.
STREET ADDRESS	KAHIKI HARBOR	1.3 STREET ADDRESS	Bay View Isle Dr., Venetian Shores
CITY-ST-ZIP	PLANTATION KEY FL	1.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	V	2.1 TITLE	V
NAME	JOHNSON, SARAH ANN	2.2 NAME	Johnson, Sara Ann
STREET ADDRESS	KAHIKI HARBOR	2.3 STREET ADDRESS	Bay View Isle Dr., Venetian Shores
CITY-ST-ZIP	PLANTATION KEY FL	2.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	S	3.1 TITLE	S
NAME	JOHNSON, GERALD L	3.2 NAME	Johnson, Gerald L
STREET ADDRESS	144 BAYVIEW ISLE DR	3.3 STREET ADDRESS	Bay View Isle Drive, Venetian Shores
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	T	4.1 TITLE	T
NAME	JOHNSON, GARY II	4.2 NAME	Johnson, Gary II
STREET ADDRESS	114 BAYVIEW ISLE DR	4.3 STREET ADDRESS	Bay View Isle Dr, Venetian Shores
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Gary L Johnson* GARY L Johnson 1-6-97 305-664-4974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)