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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90201 025 ***150.00

016/620

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 490147

1. Corporation Name
JOHNSON AIR SERVICE, INC.

Principal Place of Business: VENETIAN SHORES PLANTATION KEY, P.O. BX 792 TAVERNIER FL 33070 US
 Mailing Address: VENETIAN SHORES PLANTATION KEY, P.O. BX 792 TAVERNIER FL 33070 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 11/19/1975
 4. FEI Number: 59-1633687
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent
JOHNSON, GARY L
BAY VIEW ISLE DR
VENETIAN SHORES
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, GARY L
STREET ADDRESS	BAYVIEW ISLE DR., VENETIAN SHORES
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	V <input type="checkbox"/> DELETE
NAME	JOHNSON, SARA ANN
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	S <input type="checkbox"/> DELETE
NAME	JOHNSON, GERALD L
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, GARY II
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES
CITY-ST-ZIP	ISLAMORADA FL 33036
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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: Katherine Harris SIGNATURE REQUIRED: GARY L JOHNSON 4-15-99 (305) 664-4974
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)