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 # 520926 1. Corporation Name

AIR SERVICE OF MANASOTA, INC.

Principal Place of Business

Mailing Address

2332 15TH ST SARASOTA FL 34237 2332 15TH ST SARASOTA FL 34237

May 10, 1999 8:00 am Secretary of State

05-10-1999 90112 045 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 12/20/1976		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
		⊢	Lako	Π~	59-1706605	·	Not Applicable
	82 Porter Lake Dr. 26 1882 Porter La 4. Apt. #, etc. Suite, Apt. #, etc.			Dr.			Additional
					5. Certifcate of Status Desired	7	Required
22 Unit #108 27 Unit #108 City & State City & State					6. Election Campaign Financing	¢s o	0 May Be
<u> </u>	,				Trust Fund Contribution	•	d to Fees
	S Sarasota FL 28 Sarasota FL Zip Country Zip				8. This corporation owes the current year		<u> </u>
— , ·		— ⁻ '	Country Unite			Yes	□No
24 34240	9. Name and Address of Current	<u> </u>	OLOUTE	eu sta	10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Fadicos of from Register	, ou , igo.ii	
SAT	TERLEE, CHARLES D.		'		les D. Satterlee, Jr. 🔃		
2332 15TH ST					dress (P.O. Box Number is Not Acceptable)		
2332 15111 S1 SARASOTA FL 34237				<u> 1882</u>	Porter Lake Dr. Unit #10	<u>.8</u>	
SAH	ASUIA FL 34237		83				
			84	City		85 Zi	p Code
			**	Sara	sota I		4240
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	named co	rnoration submits this statement for the nurnos	e of changing i	its registered
office or r	egistered agent of both) in the State of	f Florida. Such change was auth	orized by	the corpora	ation's board of directors. I hereby accept the ap	ppointment as	registered
agent. I a	im tamiliar wan and edcept the obligati						
SIGNATURE	Signature, typed or printed name of registered agent	Char.	les D.	Satt	erlee, Jr. 4/28 uired when reinslating) DATE	<u>,/99</u>	
12.	OFFICERS AND		13.	- signature req	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	PD	DELETE	1.1 TITLE		President	[X] Chang	
			1.2 NAME		Charlie H. Day	0	_
NAME	DAY, CHARLIE H				1882 Porter Lake Dr. Unit	#108	
STREET ADDRESS	1 -		1.3 STREET			7F 1 U U	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST		Sarasota, FL 34240		
TITLE	STD	☐ DELETE	2.1 TITLE		Secretary/Treasurer	🔀 Chang	je 🗌 Addition
NAME	DAY, VICKI L		2.2 NAME	'	Vicki L. Day		
STREET ADDRESS	2239 FAIRFIELD AE.		2.3 STREET	ADDRESS	1882 Porter Lake Dr. Unit	#108	
CITY-ST-ZIP	SARASOTA, FLORIDA 00000		2. 4 CITY-S		Sarasota, FL 34240		
TITLE	VD	☐ DELETE	3.1 TITLE	,	Vice President	€ Chang	e Addition
NAME	SATTERLEE, CHARLES D JR		3.2 NAME		vice rresident Charles D. Satterlee, Jr.	21	
			3.3 STREET		1882 Porter Lake Dr. Unit		
STREET ADDRESS	_		1		•		
CITY-ST-ZIP	SARASOTA FL	☐ DELÉTE	3.4. CITY-S	1-ZIP	Sarasota, FL 34240	Chang	e Addition
TITLE			4.1 TITLE				
NAME			4 2 NAME		,		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4 4 CITY-S1	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	je 🗌 Additior
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
			5.4 CITY-ST	r-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Chang	e
			6.2 NAME				
MARKE	T. Control of the Con		J.Z / TOTAL	II.			

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 or an attemption with an attemption 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 or an attendance of the corporation 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 or an attendance of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Charles D. Satterlee,

CR2E034

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