

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 646514 (0)  
1. Corporation Name  
MIRACLE STRIP AVIATION, INC.



Principal Place of Business

Mailing Address

1001 AIRPORT RD.  
DESTIN FL 32541  
US

P. O. BOX 159  
DESTIN FL 32540  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1979

4. FEI Number

59-1952469

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30

☐ 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

BRIGMAN, WALTER M.  
DESTIN-FT. WALTON BEACH AIRPORT  
DESTIN FL 32541

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BECK, JAMES W	
STREET ADDRESS	308 SPRING LANE	
CITY-ST-ZIP	DESTIN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN ATTA, LEON	
STREET ADDRESS	749 SPRING LANE	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNODGRASS, JOSEPH	
STREET ADDRESS	191 W WILDBRIAR RD	
CITY-ST-ZIP	SANTA ROSA BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRIGMAN, WALTER M	
STREET ADDRESS	848 TROPIC AVE	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SWINARSKI, ANNE C	
STREET ADDRESS	302 WOODLAND AVNUE	
CITY-ST-ZIP	MARY ESTHER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN ATTA, C F	
STREET ADDRESS	407 SPRING LANE	
CITY-ST-ZIP	DESTIN, FL 32540	

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.

SIGNATURE: Anne C. Swinarski 27 Apr 98 850 937-6125

CR2E034 (10/97)