## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortgania
Secretary of State
DIVISION OF CORPORATIONS

| 1996       | Co in |  |  |
|------------|-------|--|--|
| DOCUMENT # | 66976 |  |  |

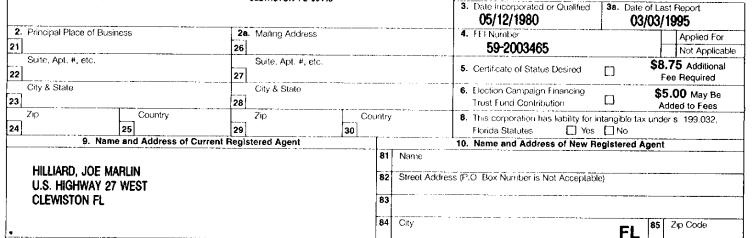
(8)

Corporation Name

| <b>KING</b> | AIR | CHARTERS, | INC |
|-------------|-----|-----------|-----|
|-------------|-----|-----------|-----|

Principal Place of Business Mailing Address

FLAGHOLE ROAD ROUTE 2 BOX 175 CLEWISTON FL 33440 FLAGHOLE ROAD ROUTE 2 BOX 175 CLEWISTON FL 33440



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 to | ilio if arginable (NO                   | E. Registered Agent signar ire recrining | when renstating DATE                                         |  |  |
| 12.             | OFFICERS AND DIRECTORS                                      |                                         | 13.                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12            |  |  |
| TITLE           | PD                                                          | DELETE                                  | 1 1 Till(6                               | Change Addition                                              |  |  |
| NAME            | HILLIARD, JOE A.                                            |                                         | 1 2 NAME                                 |                                                              |  |  |
| STREET ADDRESS  | 424 OSCEOLA                                                 |                                         | 13 STREET ADDRESS                        |                                                              |  |  |
| CHTY - ST - ZIP | CLEWISTON FL                                                |                                         | 1.4 C/TY - \$1 - Z/P                     |                                                              |  |  |
| TITLE           | STD                                                         | ☐ DELE1E                                | 2 1 Title                                | Change Addition                                              |  |  |
| NAME            | HILLIARD, JOE MARLIN                                        |                                         | 2.2 NAME                                 |                                                              |  |  |
| STREET ADDRESS  | U.S. HIGHWAY 27 WEST                                        |                                         | 2 3 STREET ADDRESS                       |                                                              |  |  |
| CITY-ST-ZIP     | CLEWISTON FL                                                |                                         | 2.4 C(1)Y - ST - Z(P                     |                                                              |  |  |
| THLE            | * · · · · · · · · · · · · · · · · · · ·                     | DELETE                                  | 3 1 TIPLE                                | Change Addition                                              |  |  |
| NAME            |                                                             |                                         | 3.2 NAME                                 | — · · <del></del>                                            |  |  |
| STREET ADDRESS  |                                                             |                                         | 33 STREFT ADDRESS                        |                                                              |  |  |
| CITY - S1 - ZIP |                                                             |                                         | 3.4 CHY - S1 - ZIP                       |                                                              |  |  |
| TITLE           |                                                             | DELETE                                  | 4 ! TITLE                                | Change Addition                                              |  |  |
| NAME            |                                                             |                                         | 4.2 NAME                                 | 7 □ □ □ □ 1 → □ □ 1 □ Change □ Addition □ -03/19/96 01124029 |  |  |
| STREET ADDRESS  |                                                             |                                         | 4.3 STREET ADDRESS                       | ***200,00                                                    |  |  |
| C:1Y-ST-ZiP     |                                                             |                                         | 4.4 C(1) Y - S1 - Z(P                    |                                                              |  |  |
| TITLE           |                                                             | □ DEFE 1E                               | 5. 1 TITLE                               | Change Addition                                              |  |  |
| NAME            |                                                             |                                         | 5.2 NAME                                 |                                                              |  |  |
| STREET ADDRESS  |                                                             |                                         | 5.3 STREET ADDRESS                       |                                                              |  |  |
| CITY - ST - ZIP |                                                             |                                         | 5.4 CITY - ST - ZH1                      |                                                              |  |  |
| TITLE           |                                                             | DELFTE                                  | 6 1 TITLE                                | Change Addition                                              |  |  |
| NAME            |                                                             |                                         | 6.2 NAME                                 | 9/ .0                                                        |  |  |
| STREET ADDRESS  |                                                             |                                         | 6.3 STREET ADDRESS                       | > 2-19                                                       |  |  |
| CHY-ST-ZIP      | contifut that the information are not with the              | this files is all all it for            | 6 4 C/TY - ST - Z/P                      | 7                                                            |  |  |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 frustee 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:

MIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytine Phoce #

CR2E034 (12/95)