

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 718606 (7)
 1. Corporation Name
 ATLANTIC FLYING CLUB, INC.



Principal Place of Business: P.O. BOX 773, FERNANDINA BEACH FL 32034
 Mailing Address: P.O. BOX 773, FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 06/01/1970
 4. FEI Number: 59-1324610
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 23. City & State
 24. Zip Country

9. Name and Address of Current Registered Agent
 DRESSLER, GORDON
 121 NORTH 6TH STREET
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent
 81 Name: David J. Bishop
 82 Street Address: 2038 Marlin Court
 84 City: Fernandina Beach FL 85 Zip Code: 32034

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: [Signature] DATE: 8/11/98

12. OFFICERS AND DIRECTORS

TITLE	VD PD	<input type="checkbox"/> DELETE
NAME	BISHOP, DAVID J	
STREET ADDRESS	2038 MARLIN COURT	
CITY-ST-ZIP	FERNADINA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRIETTE, ELLEN M	
STREET ADDRESS	4820 GLYN WOODS	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAMACHE, ANDY	
STREET ADDRESS	6175 ROYAL ESTATES PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	DRESSLER, GORDON	
STREET ADDRESS	121 NORTH 6TH STREET	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, BOB	
STREET ADDRESS	3233 CLIPPER PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALOMON, RON	
STREET ADDRESS	2328 SADLER RD APT 7E	
CITY-ST-ZIP	FERNANDINA BCH FL	

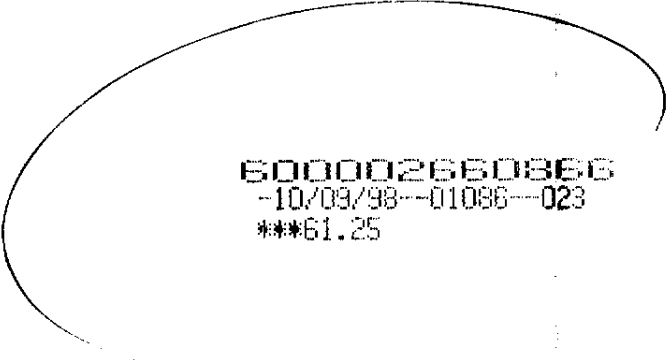
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VD Alfred A. Smith	
1.3 STREET ADDRESS	1401 S. Snapper	
1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Louie Johnson	
2.3 STREET ADDRESS	27 Teal Ct. Fernandina Beach, FL 32034	
2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gregg Shivar	
3.3 STREET ADDRESS	12858 Dunn Creek Road	
3.4 CITY-ST-ZIP	Jacksonville, FL 32201	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steve Branch	
4.3 STREET ADDRESS	2127 Rayron Road	
4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Nease	
5.3 STREET ADDRESS	560 Rush Road	
5.4 CITY-ST-ZIP	Yulee, FL 32098	
6.1 TITLE	STD Jim Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	237 Marsh Lake Drive	
6.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: [Signature] DATE: 8/11/98 277-7342

CR2E037 (5/98)

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