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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F44065** (3)
1. Corporate Name
CARRABELLE FLYING SERVICE, INC.



Principal Place of Business
**2615 N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308**

Mailing Address
**2615 N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308-4105**

3. Date Incorporated or Qualified
09/10/1981

3a. Date of Last Report
02/22/1996

4. FET Number
59-3026410

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

25 County

26 Mailing Address

27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

**BARNARD, BRIAN D.
2615 N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 (Type or print the name of the registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME	BARNARD, BRIAN	1.2 NAME	
3. STREET ADDRESS	2615 CAPITAL CIRCLE NE	1.3 STREET ADDRESS	
4. CITY-STATE-ZIP	TALLAHASSEE FL	1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
21. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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 included 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: **Brian D. Barnard** **3-13-97** **904-386-8649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)