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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F70416

(5)

AIRCARRGO, INC.

FILED Apr 10 1997 8:00am Secretary of State

| Principal Place of Business Ma |   | Mailing Addre                                     | Mailing Address              |                                   |      |                    |  |                                      |               |                       |  |
|--------------------------------|---|---|------------------------------|-----------------------------------|------|--------------------|--|--------------------------------------|---------------|-----------------------|--|
| FLYING BARON                   |   | FLYING BARO                                       |                              |                                   |      |                    |  |                                      |               |                       |  |
| P.O. BOX 49-13                 |   | P.O. BOX 49-1                                     |                              |                                   |      |                    |  |                                      |               |                       |  |
| LEESBURG FL                    | 34749-1362  | LEESBURG FL                                       | 34749-1362                   |                                   |      |                    |  | ····                                 |               | <u></u>               |  |
| US US                          |   |   |                              | 3. Date Incorporated or Qualified |      |                    |  |                                      |               |                       |  |
| 2. Principal Pl                | ace of Business   | 2a. Mailing Ad                                    | ddress                       |                                   |      |                    | 4. FEI Number                              |                                      | Ar            | pplied For            |  |
| 21                             |   | 26  |                              |                                   |      |                    | 59-2196215                                 | · Bad v Horse to skilled Bellander o |               | ot Applicable         |  |
| Suite, Apt. :                  | #, etc.   | Suite, Apt  | #, etc.                      |                                   |      |                    | 5. Certificate of Status Desired           |                                      | \$8.75 A      | Additional<br>equired |  |
| City & State                   | 2   | City & Sta  | te                           |                                   |      |                    | 6. Election Campaign Financing             |                                      | \$5.00        | May Be                |  |
| 23                             |   | 28  |                              |                                   |      |                    | Trust Fund Contribution                    |                                      |               | to Fees               |  |
| Zip                            | Country   | Zip   |                              | Coun                              | itry |                    | 8. This corporation has liability for i    | ntangible l                          | ax under s    | . 199.032,            |  |
| 24                             | 25  | 29  |                              | 30                                |      | *****              |  | Yes 🕽                                |               | **********            |  |
|                                | 9. Name and Address of Curr   | ent Registered Ager                               | nt                           |                                   | 221  |                    | 10. Name and Address of New Re             | istered A                            | gent          |                       |  |
|                                | R (THEODORE E.), JR.  |   |                              | 1                                 | B1   | Name               |  |                                      |               |                       |  |
|                                | 2 AIRWAY ROAD   |   |                              | l l                               | B2   | Street Add         | ress (P.O. Box Number is Not Acceptab      | e)                                   |               |                       |  |
| LEES                           | SBURG FL 34749  |   |                              |                                   |      |                    |  | ,                                    |               |                       |  |
|                                |   |   |                              | [1                                | B3   |                    |  |                                      |               |                       |  |
|                                |   |   |                              | -                                 | 84   | City               |  |                                      | <b>85</b> Zip | Code                  |  |
|                                |   |   |                              | ,                                 | ٦,   | Oity               |  | FL                                   | 20   2.ip     | Dodo                  |  |
| 11. Pursuant t                 | to the provisions of Sections 607.0   | 502 and 607.1508, FI                              | orida Statute                | s, the ab                         | ove  | -named corp        | poration submits this statement for the p  | urpose of                            | changing it   | is registered         |  |
| office or re                   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obt | ite of Florida, Such ch<br>ligations of Section 6 | nange was ai<br>07.0505 Etoi | uthorized<br>rida Statu           | by   | the corporal       | tion's board of directors. I hereby accep  | t the appo                           | intment as    | rogistered            |  |
| ~                              | The true true, and the top the size   | igations of octorion o                            | 07,0000,710                  | naa ciate                         |      | •                  |  |                                      |               |                       |  |
| SIGNATURE                      | Signature, typed or postero narra, of rugistered.                           | agent and title if applicable.                    | (NOTE                        | Rigistered                        | Age  | nt signature requi | red when reinstating)                      | DATE                                 |               |                       |  |
| 12.                            |   | AND DIRECTORS                                     |                              | 13.                               |      |                    | ADDITIONS/CHANGES TO OFFIC                 | ERS AND                              | DIRECTOR      | IS IN 12              |  |
| THEF                           | PD  |   | DELETE                       | 1 1 TITI                          | E    |                    |  |                                      | Change        | Addition              |  |
| NAME                           | CARR (THEODORE E.), JR.   |   |                              | 1.2 NA                            | ME   |                    |  |                                      |               |                       |  |
| STREET ADDRESS                 | P.O. BOX 1362, FLY. BARO  |   |                              | 1.3 STR                           | EET. | ADDRESS            |  |                                      |               | :                     |  |
| CRY-SI-7F                      | LEESBURG FL 34749-1362  |   |                              | 1.4 CIT                           |      | 1                  |  |                                      |               |                       |  |
| TITLE                          | D   |   | DELETE                       | 2 1 1111                          |      |                    |  |                                      | Change        | Addition              |  |
| NAME                           | CARR (PATRICIA P.)  |   |                              | 2.2 NAI                           | MF   |                    |  |                                      |               |                       |  |
| STREET ADORESS                 | P.O. BOX 1362, FLY. BARO  |   |                              |                                   |      | ADDRESS            | • •  |                                      |               |                       |  |
| CITY-ST-ZIP                    | LEESBURG FL 34749-1362  |   |                              | 2. 4 CIT                          |      |                    |  |                                      |               |                       |  |
| TIRE                           |   |   | DELETE                       | 3.1 TITA                          |      | 1-211              | <del></del>                                |                                      | Change        | Addition              |  |
| NAMÉ                           |   | _   | <del>-</del>                 | 3.2 NA                            |      |                    |  |                                      |               |                       |  |
| STREET ADDRESS                 |   |   |                              |                                   |      | ADDRESS            |  |                                      |               |                       |  |
|                                |   |   |                              |                                   |      |                    |  |                                      |               |                       |  |
| CITY - S1 - ZiP<br>TITLE       |   |   | DELETE                       | 3.4 C()<br>4.1 T()                |      | 1 - ZIF            |  |                                      | Change        | Addition              |  |
|                                |   | L.,   | POLICE                       | 4.1 I11                           |      |                    |  |                                      | L. Orkinga    | E FROMINI             |  |
| NAMÉ<br>DIMENTANDOCCI          |   |   |                              | •                                 |      | ADDOCCO            |  |                                      |               |                       |  |
| STREET ADORESS                 |   |   |                              |                                   |      | ADDRESS            |  |                                      |               |                       |  |
| Cify - S1 - ZIP                |   |   | DELETE                       | 4.4 C)T                           |      | I - ZIP            | ····                                       |                                      | Change        | Addition              |  |
| TIFLE                          |   | L.,,  | PULLETE                      | 5.1 111                           |      |                    |  |                                      | The Circuits  | ריים איניים איניים    |  |
| NAME .                         |   |   |                              | 5.2 NAI                           |      |                    |  |                                      |               |                       |  |
| STREET ADDRESS                 |   |   |                              |                                   |      | ADDRESS            |  |                                      |               |                       |  |
| CHY+SI+ZiP                     |   | <u> </u>  | L DECCES                     | 5.4 CIT                           |      | T-ZIP              |  |                                      |               | 1000                  |  |
| THECE                          |   | L_  | DELETE                       | 6.1 TITI                          |      |                    |  |                                      | ☐ Change      | Addition              |  |
| NAME                           |   |   |                              | 6.2 NA                            | ME   |                    |  |                                      |               |                       |  |
| STREET ADDRESS                 |   |   |                              | 6.3 STF                           | HEET | ADDRESS            |  |                                      |               |                       |  |
| C-TY - ST - ZiP                |   |   |                              | 6.4 CIT                           |      | <del></del>        |  |                                      |               |                       |  |
| 14. Log heret                  | by certify that the information supp  | lied with this filing do                          | es not qualify               | v for the e                       | exe  | mption state       | d in Section 119.07(3)(i), Florida Statute | s. I further                         | certify that  | the                   |  |

4. For hereby certify that the information supplied with this filing does not quality 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 altidress.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

352-787-681