FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY ...

DOCUMENT # F94000000760 (8)

1. Corporation Name
AIR TRANSPORTATION HOLDING COMPANY, INC.

Principal Place of Business
~~RT. 1, BOX 310~~
~~LITTLE MOUNTAIN AIRPORT~~
MAIDEN NC 28650

Mailing Address
~~RT. 1, BOX 310~~
~~LITTLE MOUNTAIN AIRPORT~~
MAIDEN NC 28650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3524 Airport Rd.
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P O Box 488
Suite, Apt. #, etc.
27
City & State
28 Denver NC
Zip 29 28037 Country 30 Lincoln

4. FEI Number: 52-1206400 ☐ 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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	DV ☐ Change ☒ Addition
NAME	ABERNATHY, CLAUDE S	1 2 NAME	David Clark
STREET ADDRESS	S. COLLEGE AVE.	1 3 STREET ADDRESS	PO Box 488
CITY ST ZIP	NEWTON NC 28658	1 4 CITY ST ZIP	Denver, NC 28037
TITLE	D	2 1 TITLE	D ☐ Change ☒ Addition
NAME	PRILL, GEORGE C	2 2 NAME	Terry Sanford
STREET ADDRESS	20 ADLER CIR.	2 3 STREET ADDRESS	201 Union West Box 90871
CITY ST ZIP	GALVESTON TX 77551	2 4 CITY ST ZIP	Durham NC 27708-0871
TITLE	~~D~~	3 1 TITLE	D ☐ Change ☒ Addition
NAME	~~VON PERTERFFY, GEORGE~~	3 2 NAME	Sam Chesnutt
STREET ADDRESS	~~105 FIELDPOINT CIR.~~	3 3 STREET ADDRESS	10548 Croton Rd.
CITY ST ZIP	~~GREENWICH CT 06830~~	3 4 CITY ST ZIP	Johnstown, OH 43031
TITLE	DV	4 1 TITLE	D ☐ Change ☒ Addition
NAME	GIOFFRE, JOHN J	4 2 NAME	J. Leonard Martin
STREET ADDRESS	P.O. BOX 488 N/A	4 3 STREET ADDRESS	2518 Reynolds Dr.
CITY ST ZIP	DENVER NC 28037	4 4 CITY ST ZIP	Winston Salem NC 27104
TITLE	DV	5 1 TITLE	☐ Change ☐ Addition
NAME	BINGHAM, J. HUGH	5 2 NAME	
STREET ADDRESS	P.O. BOX 488 N/A	5 3 STREET ADDRESS	
CITY ST ZIP	DENVER NC 28037	5 4 CITY ST ZIP	
TITLE	DV	6 1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, WILLIAM H	6 2 NAME	
STREET ADDRESS	P.O. BOX 488 N/A	6 3 STREET ADDRESS	
CITY ST ZIP	DENVER NC 28037	6 4 CITY ST ZIP	

14. 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 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: ______ 5/19/95 704-464-8741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300241 FP