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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000760 1. Corporation Name

AIR TRANSPORTATION HOLDING COMPANY, INC.

Principal Place of Business		Mailing Address					1100	100 III 101E1 D1		()) 06 111 00 1	11 90111 00111 1001	
3524 AIRPORT RD		P O BOX 488										
LITTLE MOUNTAIN AIRPORT		LITTLE MOUNTAIN AIRPORT				DO NOT WRITE IN THIS SPACE						
MAIDEN NC 28650		DENVER NC 28037			_	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
US		US					02/16/1		Qualifect			
		D. Mailing Address					4. FEI Num					or lied For
	ace of Business	2a. Mailing Addres	5				52-120				— -	ot Applicable
21 Suite Act # etc		26 Suite, Apt. #, etc.			-+	J2 12.0	04 00				A ditional	
Suite, Apt. #, etc.		<u>├</u> ¬ ' ' '				5. Certifcate	of Status D	esired		,	Required	
City & State		City & State			-+	6, Election (`ampaign F	inancina		\$5.00) May Be	
⊢ .		28					d Contributi	_			tc Fees	
Zip Cour try		Zip Country			-+	8. This corp	_		ent vear			
24	25	29	30	•				Property Ta		· · · · / · · · ·	Yes	□No
	9. Name and Address of Currer						10. Name ar			Register	d Agent	
				81	Name	<u> </u>						
CT	CORPORATION SYSTEM			82	<u> </u>		(D.O. D.: N	basia Nie	at Assessed	able)		
1200	S. PINE ISLAND RD.				Street	(At dress	dress (P.O. Bo> Number is Not A			able)		
PLAN	ITATION FL 33324			83								
				84	City					F	85 Zip	Code
				- 1	1						· 	ts registered
11 Pureus nt	to the provisions of Sections 607 050	02 and 607.1508. Florida	Statutes, th	he above	e-namec	d corpora	tion submits:	this stateme	nt for the	purpose	or changing i	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	ct Florida. Such change	was author	rized by	the corr	d or rpora poration's	tion submits board of thre	this stateme ectors. I her	nt for the eby accer	purpose pt the app	of changing i cointment as i	eg stered
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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 or derived 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DENVER NC

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR J. GLOSSIC 4-23-99 (828) 464-8741