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

APPROVED AND FILED

05 MAR 21 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001252 (5)

1. Corporation Name
VENTURE AIRWAYS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
800 N. MAGNOLIA AVE SUITE 600 ORLANDO FL 32803	800 N. MAGNOLIA AVE SUITE 600 ORLANDO FL 32803

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21 603 MAIN STREET
Suite, Apt. #, etc. 22
City & State 23 WINDERMERE, FL
Zip 24 34786 Country 25 USA

2a. Mailing Address
26 603 MAIN STREET
Suite, Apt. #, etc. 27
City & State 28 WINDERMERE, FL
Zip 29 34786 Country 30 USA

4. FEI Number: 56-1230341 ☐ 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

DIZNEY, DONALD R
603 MAIN ST
WINDERMERE FL 34786

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CS	1.1 TITLE		☐ Change ☐ Addition
NAME	DIZNEY, DONALD R	1.2 NAME		
STREET ADDRESS	603 MAIN ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	ENGLISH, JAMES E	2.2 NAME	ENGLISH, JAMES E	
STREET ADDRESS	603 MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BARKMAN, KEVIN	3.2 NAME		
STREET ADDRESS	603 MAIN ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSELL, SANDY	4.2 NAME		
STREET ADDRESS	603 MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	DELAHUNT, JEANINE	5.2 NAME	DELEHUNT, JANINE	
STREET ADDRESS	603 MAIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 address.

SIGNATURE: Janine S. Delahunt Janine S. Delahunt 3/7/95 (407) 876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068122 CP