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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000002470**

1. Corporation Name
AIR CLASS AVIATION, INC.

Principal Place of Business	Mailing Address
535 CENTRAL AVENUE ST. PETERSBURG FL 33701	535 CENTRAL AVENUE ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1998**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt #, etc (22) / Suite, Apt #, etc (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: **59-3486672** (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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HILL, CHRIS		12 NAME	
STREET ADDRESS	535 CENTRAL AVE.		13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701		14 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, JOHN T		22 NAME	
STREET ADDRESS	535 CENTRAL AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		24 CITY-ST-ZIP	
TITLE	STDC	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RAHDERT, GEORGE K		32 NAME	
STREET ADDRESS	535 CENTRAL AVENUE		33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: Christopher A. Hill / CHRISTOPHER A. HILL 3-12-99 305-785-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #