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Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H20196

(2)

1. Corporation Name

TAMPA FLYING SERVICE, INC.

Principal Place of Business

PETER O. KNIGHT AIRPORT
825 SEVERN AVE.
TAMPA FL 33606

Mailing Address

PETER O. KNIGHT AIRPORT
825 SEVERN AVE.
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1984

4. FEI Number

59-2458549

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

BURGE, RALPH E.
210 S. HIMES AVE.
TAMPA FL 33609

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

TITLE ST ☐ DELETE

NAME SPADA, ANDREW
STREET ADDRESS BOX 197K, ELAM ROAD
CITY - ST - ZIP ZEPHYRHILLS FL

TITLE ST ☐ DELETE

NAME SPADA, BILLIE
STREET ADDRESS BOX 197K, ELAM ROAD
CITY - ST - ZIP ZEPHYRHILLS FL

TITLE P ☐ DELETE

NAME BURGE, RALPH
STREET ADDRESS 210 S HIMES
CITY - ST - ZIP TAMPA FL

TITLE V ☐ DELETE

NAME GANDY, SKIP
STREET ADDRESS 4006 N. OLA
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

24265 MANDON HILL RD
BROOKSVILLE, FL 34601

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ralph E. Burge
President
Ralph E. Burge

1/12/98

813-251-1753

CR2E034 (10/97)