

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H30420** (4)  
1. Corporation Name  
**ISLAND AVIATION SERVICES, INC.**



Principal Place of Business <b>1000 AIRPORT RD. FERNANDINA BEACH FL 32034</b>	Mailing Address <b>1000 AIRPORT RD. FERNANDINA BEACH FL 32034</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>30 Marsh Creek Road</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>30 Marsh Creek Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/19/1984</b>	
22 City & State 23 <b>Amelia Island, FL</b> Zip Country 24 <b>32034</b> 25 <b>Norway</b>		27 City & State 28 <b>Amelia Island, FL</b> Zip Country 29 <b>32034</b> 30 <b>Norway</b>		4. FEI Number <b>59-2499744</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Name and Address of Current Registered Agent <b>MURPHY, TRAVIS M 205 1/2 CENTRE ST. FERNANDINA BEACH FL 32034</b>		10. Name and Address of New Registered Agent		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	LATIMER, HUGH A	1.2 NAME	
STREET ADDRESS	30 MARSH CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	LATIMER, ALICE MARY	2.2 NAME	Latimer, Alice Mary
STREET ADDRESS	30 MARSH CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SEABERT, GARY E	3.2 NAME	
STREET ADDRESS	1641 OCEAN FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CP2E034 (10/97)