

5-27-97 B 1612 C  
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FILED  
May 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H50674

(1)

1. Corporation Name

BULLDOG AIRLINES, INC.



Principal Place of Business

Mailing Address

6015 CARRIER AVENUE  
BLDG 413A

P.O. BOX 951899  
LAKE MARY, FL 32705-1899

ORLANDO, FL 32710  
1305 E. 29th St.  
SANFORD FL 32773

3. Date Incorporated or Qualified

04/01/1985

3a. Date of Last Report

08/07/1996

4. FEI Number

59-2544627

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

10. Name and Address of New Registered Agent

SCOTT JOHNSON  
MAGUIRE, VOORHIS WELLS  
2 SON. ORANGE AVE  
ORLANDO FL 32802

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME UTTAL, ROBERT  
STREET ADDRESS 1757 S. ATLANTIC BLVD.  
CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE TS ☐ DELETE

NAME SMITH, McDONALD  
STREET ADDRESS P.O. BOX 021285 2929 W OAKRIDGE RD  
CITY-ST-ZIP ORLANDO, FL 32809

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME UTTAL, TODD T.  
STREET ADDRESS 3720 LANDTREE PLACE  
CITY-ST-ZIP ORLANDO, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

NAME UTTAL, MURIEL  
STREET ADDRESS 1757 S. ATLANTIC BLVD.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME UTTAL, CYNTHIA  
STREET ADDRESS 1402 WINDSOR WAY  
CITY-ST-ZIP ROWLETT, TX

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LINETTE UTTAL  
STREET ADDRESS 5140 Conroy Rd., #826  
CITY-ST-ZIP Orlando, FL 32811

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

april 23 1997

CR2E034 (9/96)