

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

FILED  
May 15 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 # **H50674** (1)  
1. Corporation Name  
**BULLDOG AIRLINES, INC.**

Principal Place of Business Mailing Address  
**1505 E 29TH ST  
SANFORD FL 32773  
US**  
**P.O. BOX 951899  
LAKE MARY, FL 32795**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2544627</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCOTT JOHNSON MAGUIRE, VOORHIS WELLS 2 SON.ORANGE AVE ORLANDO FL 32802</b>				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

Signature, typed or printed name of registered agent and the, 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UTTAL, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1757 S. ATLANTIC BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, McDONALD</b>	2.2 NAME	
STREET ADDRESS	<b>2829 W OAKRIDGE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, N/A FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UTTAL, TODD T.</b>	3.2 NAME	
STREET ADDRESS	<b>3720 LANDTREE PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL</b>	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UTTAL, MURIEL</b>	4.2 NAME	
STREET ADDRESS	<b>1757 S. ATLANTIC BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UTTAL, CYNTHIA</b>	5.2 NAME	
STREET ADDRESS	<b>1402 WINDSOR WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROWLETT, TX</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINETTE, UTTAL</b>	6.2 NAME	
STREET ADDRESS	<b>5140 CONROY RD., #828</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #

0085568

CR2E034 (10/97)