

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90094 011 \*\*\*150.00

0521042

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H50674

1. Corporation Name  
BULLDOG AIRLINES, INC.

Principal Place of Business  
1505 E 29TH ST  
SANFORD FL 32773  
US

Mailing Address  
P.O. BOX 951899  
LAKE MARY, FL 32795



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
04/01/1985

4. FEI Number  
59-2544627

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

2. Principal Place of Business

2a. Mailing Address

21 ~~NONE~~

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT JOHNSON  
~~MAGUIRE, VOORHIS WELLS~~ *Holland Knight, -  
Maguire, Voorhis Wells  
200 S. Orange Plaza  
Ste. 2600  
Orlando, FL 32801*  
2-60N 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  DELETE  
NAME P  
STREET ADDRESS UTTAL, ROBERT  
CITY-ST-ZIP 1757 S. ATLANTIC BLVD.  
NEW SMYRNA BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME TS  
STREET ADDRESS SMITH, MCDONALD  
CITY-ST-ZIP 2929 W OAKRIDGE RD  
ORLANDO, N/A FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
STREET ADDRESS LINETTE, UTTAL  
CITY-ST-ZIP 5140 CONROY RD., #826  
ORLANDO FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)