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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90158 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # H72264

1. Corporation Name
FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.

Principal Place of Business
**1120 SOUTH BAY STREET
 EUSTIS FL 32726**

Mailing Address
**1120 SOUTH BAY STREET
 EUSTIS FL 32726**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1985

4. FEI Number

59-2593640

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAREN WOODS PARRISH
 43621 HWY 19
 ALTOONA FL 32702**

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 **PD** DELETE
 NAME **WOODS-PARRISH, KAREN**
 STREET ADDRESS **1120 SOUTH BAY STREET**
 CITY-ST-ZIP **EUSTIS FL**

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

TITLE **S** DELETE
 NAME **BURNSED, NAN**
 STREET ADDRESS **9585 SILVER LAKE DR**
 CITY-ST-ZIP **LEESBURG FL 34778**

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

TITLE **V** DELETE
 NAME **WEINER, LYNDA S.**
 STREET ADDRESS **537 SUNNYSIDE DR**
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE **T** DELETE
 NAME **LEVINE, WENDY S.**
 STREET ADDRESS **9889 LAKE GEORGIA DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32817**

4.1 TITLE Change Addition
 4.2 NAME **SHORE, WENDY S**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **KAREN WOODS PARRISH** *Karen Woods Parrish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

352-357-7311

Date

Daytime Phone #

CR2E034 (1/98)