

H72264

GAYLORD, GAYLORD, OSBORNE & STONE
ATTORNEYS AT LAW
P.O. DRAWER 2047
804 NORTH BAY STREET
EUSTIS, FLORIDA 32727-2047

HUG 21 10 35 AM '85

SECRETARIA OF STATE
TALLAHASSEE, FLORIDA

TELEPHONE
(904) 588-1731

HARRY E. GAYLORD
FRANK T. GAYLORD
ZEBULON L. OSBORNE
LEWIS W. STONE
MAGGIE B. EVANS

August 16, 1985

700310201787

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

EFFECTIVE DATE
Aug 16, 1985

Re: First Landseair Travel Service
of Eustis, Inc.

Gentlemen:

Please find enclosed herein the original and a copy of the
Articles of Incorporation for the above-referenced corporation.
Also enclosed is our check in the amount of \$63.00 for the
filing fee.

005 3116 8/15/85	30.00	4
005 3116 8/15/85	15.00	5
005 3116 8/15/85	15.00	6
005 3116 8/15/85	3.00	3
005 3116 8/15/85	63.00	TL

Please return the Certified Copy of the filed Articles
to our office at P.O. Drawer 2047, Eustis, FL 32727-2047.

Sincerely,
Maggie Evans

Maggie B. Evans
Attorney at Law

MBE/ba

Enclosure

Name	AD 8-21-85
Corporate	AD
Update	AD
Verify	BP
Acknowledgment	AD
W.P. Verifyer	AD

2/A

EFFECTIVE DATE
Aug 16, 1985

H72264

ARTICLES OF INCORPORATION
OF

FILED
AUG 21 10 35 AM '85
TALLAHASSEE, FLORIDA

FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I - NAME

The name of the corporation is FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.

ARTICLE II - TERM OF EXISTENCE

The period of duration of the corporation is perpetual.

ARTICLE III - NATURE OF BUSINESS

The purpose for which the corporation is organized is to transact any or all lawful business and to do all other things incidental to them or connected with them that are not forbidden by the Florida corporation laws or by other law, or by these Articles of Incorporation, and to carry out the said purpose in any state, territory, district, or possession of the United States, or in any foreign country, to the extent that these purposes are not forbidden by the law of the state, territory, district, or possession of the United States, or by the foreign country.

ARTICLE IV - STOCK

Number. The aggregate number of shares that the corporation shall have the authority to issue is Five Hundred (500) shares of capital stock with a par value of One Dollar (\$1.00) per share.

Initial issue. One Hundred (100) shares of the capital stock of the corporation shall be issued for cash at a par value of One Dollar (\$1.00) per share.

Stated capital. The sum of the par value of all shares of capital of the corporation that have been issued shall be the stated capital of the corporation at any particular time.

Dividends. The holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Board

of Directors, dividends payable either in cash, in property, or in shares of the capital stock of the corporation.

No classes of stock. The shares of the corporation are not to be divided into classes.

No share in series. The corporation is not authorized to issue shares in series.

ARTICLE V - TERM OF EXISTENCE

This corporation shall begin its existence on the 16th day of August, 1985, and is to exist perpetually, thereafter.

ARTICLE VI - ADDRESS

The initial street address in Florida of the initial registered office of the corporation is 804 North Bay Street, Eustis, Florida 32727-2047, and the name of the initial Registered Agent is MAGGIE B. EVANS.

ARTICLE VII - DIRECTORS

The initial Board of Directors shall consist of two members, who need not be residents of the State of Florida or shareholders of the corporation.

ARTICLE VIII - DIRECTORS ADDRESS

The names and addresses of the persons who shall serve as Directors until the first annual meeting of shareholders, or until their successors shall have been elected and qualified are as follows:

<u>NAME</u>	<u>ADDRESS</u>
JOHN SEAQUIST	722 S. Grove Street Eustis, Florida 32726
ZOILA SEAQUIST	722 S. Grove Street Eustis, Florida 32726

ARTICLE IX - INCORPORATORS

<u>NAME</u>	<u>ADDRESS</u>
JOHN SEAQUIST	722 S. Grove Street Eustis, Florida 32726
ZOILA SEAQUIST	722 S. Grove Street Eustis, Florida 32726

ARTICLE X - INDEMNIFICATION

The corporation shall indemnify any officer or Director, or any former officer or Director, to the full extent permitted by law.

ARTICLE XI - PREEMPTIVE RIGHTS

The holders of the common stock of this corporation shall have preemptive rights to purchase, at prices, terms and conditions that shall be fixed by the Board of Directors, such as the shares of the stock of this corporation as may be issued for money (money, or any property or services) from time to time, in addition to that stock authorized, and issued shares of common stock held by the holder, all shares of common stock currently authorized (authorized and issued).

ARTICLE XII - CUMULATIVE VOTING

The shareholders of this corporation shall be allowed to vote their shares cumulatively so as to give one candidate as many votes as the number of Directors to be elected multiplied by the number of his shares, to distribute them among as many candidates as he may wish. Notice must be given by any shareholder to the President or a Vice President of said corporation not less than 24 hours prior to the time set for the holding of a shareholders meeting for the election of Directors that said shareholder intends to cumulate his vote at said election.

IN WITNESS WHEREOF, THE UNDERSIGNED have made and subscribed these Articles of Incorporation at Eustis, Florida, on the 18th day of August, 1995.


JOHN SEAQUIST


LILLY SEAQUIST

Incorporators

Articles of Incorporation
First Landseair Travel Service of Eustis, Inc.
Page 4

STATE OF FLORIDA
COUNTY OF LAKE

Before me, the undersigned authority, personally appeared JOHN SEAQUIST and ZOILA SEAQUIST, who are to me well known to be the persons described in and who subscribed the above Articles of Incorporation, and they did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Eustis in said County and State this 16th day of August, 1985.

Rebecca B. Allerson
Notary Public

My Commission Expires:
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES JULY 20, 1988

DESIGNATION OF RESIDENT AGENT

FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, at the City of Eustis, County of Lake, State of Florida, has and does by these presents name Maggie B. Evans, located at 804 North Bay Street, City of Eustis, County of Lake, State of Florida, as its agent to accept service of process within this State.

John Seaquist (SEAL)
JOHN SEAQUIST

Zoila Seaquist (SEAL)
ZOILA SEAQUIST

ACCEPTANCE OF DESIGNATION OF RESIDENT AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relating to keeping open said office.

Maggie B. Evans (SEAL)
MAGGIE B. EVANS

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Freestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: H72264 5 FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC. % MAGGIE B. EVANS 804 NORTH BAY STREET EUSTIS, FL 32727-2047 If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient
	Street Address 21 1120 South Grove St.
	P.O. Box No. 22 N/A
	City and State 23 Eustis, Florida
	Zip Code 24 32726

3. Date incorporated or Qualified To Do Business in Florida 08/16/1985	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
---	--	------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
XXXXXXXXXXXX	D	XXXXXXXXXXXX	XXXXXXXXXX	
XXXXXXXXXXXX	D	XXXXXXXXXXXX	XXXXXXXXXX	
Seaquist, John	D Sec	1120 S. Bay St.	Eustis, FL 32726	
Seaquist, Zoila	D P	1120 S. Bay St.	Eustis, FL 32726	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent EVANS, MAGGIE B. 804 NORTH BAY STREET EUSTIS, FL 32727-2047	8. Name and Address of New Registered Agent Name 81 Michael A. Croak Street Address (Do NOT Use P.O. Box Number) 82 703 E. Burleigh Blvd. City and State 83 Tavares, FL Zip Code 84 32778
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9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on August 22, 1986.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE Michael A. Croak (Registered Agent Accepting Appointment) DATE August 22, 1986

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer signing must be listed in Block 6).

Signature <u>Zoila Seaquist</u>	Date August 22, 1986
Typed Name of Signing Officer Zoila Seaquist	Telephone Number 904-357-7311
Title President	

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR25004 (1985)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987 **ROVED**

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1987 JUN 30 PM 2:14

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
H72264 FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC. % MAGGIE B. EVANS 1123 S. GROVE ST. EUSTIS, FL 32726		Street Address 21	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code		P.O. Box No. 22	
		City and State 23	
		Zip Code 24	

3. Date Incorporated or Qualified To Do Business in Florida: 08/16/1985	4. Federal Employer Identification Number (FEIN):	5. Date of Last Report: 10/16/1986
---	---	------------------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
SEAQUIST, JOHN	S/D	1120 S. BAY ST.	EUSTIS, FL	
SEAQUIST, ZOILA	P/O	1120 S. BAY ST.	EUSTIS, FL	

REGISTERED AGENT INFORMATION		Name and Address of New Registered Agent	
7. Name and Address of Current Registered Agent		Name 81	
CROAK, MICHAEL A. 703 E. BURLINGHAM BLVD. TAVARES, FL. 32778		Street Address 1 (Do NOT Use P.O. Box Number) 82	
		Street Address 2 (Do NOT Use P.O. Box Number) 83	
		City and State 84	Zip Code 85
		FL.	

9. Pursuant to the provisions of Sections 607.001 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE: *[Signature]* Date: 6-24-87

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: <i>[Signature]</i>	Date: 6-24-87
Typed Name of Signing Officer: Zoila Sequist	Title: President
	Telephone Number: 904-357-73-11

11. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

078239

CR2004 (10/85)

FILE NOW: ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable to: Secretary of State

1. Name and Address of Corporation Principal Office:

H72264
FIRST LANDEAIR TRAVEL SERVICE OF BUSTIS, INC.
MAGGIE B. EVANS
1120 S. GROVE ST.
BUSTIS, FL 32726

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 25

Zip Code 24

If above address is incorrect in any way enter a correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **08/16/1985**

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report **06/30/1987**

6. Names and Street Addresses of E.O. Officer and Director as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1. SEQUIST, JOHN	S/D	1120 S. BAY ST.	BUSTIS, FL	
2. SEQUIST, ZOILA	P/D	1120 S. BAY ST.	BUSTIS, FL	
3.				
4.				
5.				
6.				
7.				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
CROAK, MICHAEL A.
703 E. BURLINGHAM BLVD.
TAVARES, FL. 32778

8. Name and Address of New Registered Agent
Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84 **FL** Zip Code 85

9. Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____ (Officer or Director signing must be listed in Block 6.) I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 FS

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restriction under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature _____ Date **April 5, 1988**
Printed Name of Signing Officer or Director **Zoila Sequist** Title **President**
Telephone Number **(904) 357-7311**

12. Should you desire a certificate of status check the box. **CERTIFICATE OF STATUS DESIRED** **\$5 Additional Fee required for a Certificate of Status.**

FORM 11776

088034 (1987)

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989!

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Filing
Filing Fee of \$35 Required - Make Checks Payable to Secretary of State

1. Name and Address of Corporation Principal Office

H72264 5
FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

2. Enter Change of Address of Corporation Principal Office. PO Box Number, Address NOT Jurisdiction

State: 32726
1120 South Bay Street
PO Box No. 25
City and State: 23
Eustis, Florida
Zip Code: 32726

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/16/1985

4. Florida Employer's Identification Number

59-2942578

5. Date of Last Report

04/12/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

1	2	3	4
Title	Names of Officers and Directors	Street Address (Do NOT Use P.O. Box Number)	City and State
1a	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
2a	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
3a	P/D	Karen Woods-Parrish	1120 S. Bay Street Eustis, Fl.
4a	D.	Robert Little	2450 Park Holland Road Leesburg, Fl.
5a	V.P.	Lynda S. Weiner	537 Sunnyside Drive Leesburg, Fl.
6a	S/T	Wendy S. Levine	6450 N. Silver Lake Drive Leesburg, Fl.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

CROAK, MICHAEL A.
XXXXXXXXXXXXXXXXXXXX 14229 U.S. Hwy 441
TAVARES, FL. 32778

8. Name and Address of New Registered Agent

Name 81
Street Address (Do NOT Use P.O. Box Number) 82
Street Address (Do NOT Use P.O. Box Number) 83
City and State 84 FL Zip Code 85

9. Pursuant to the provisions of Sections 607.004 and 607.077, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.073, FS

SIGNATURE _____ DATE Sept. 7, 1989
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See instructions under instructions on the back of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effects as if Made Under Oath. (Officer or Director signing must be listed in Bio - 6)

Signature: Karen Woods Parrish Date: Sept. 7, 1989
Typed Name of Signing Officer or Director: Karen Woods Parrish Title: President Telephone Number: 904-357-7311

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

OSR2004 (1988)

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST, 1990. P30042991

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

1990 JUL 11 10 10 50

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

H72264 5

ZIP + 4 PRESORT
FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.
1120 SOUTH BAY STREET
EUSTIS, FL 32726-5547

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida

08/16/1985

4. FEI Number

59-2942578

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
P/D	WOODS-PARRISH, KAREN	1120 SOUTH BAY STREET	EUSTIS, FL	
D	LITTLE, ROBERT	2450 PARK HOLLAND RD	LEESBURG, FL	
V	WEINER, LYNDA S.	537 SUNNYSIDE DR	LEESBURG, FL	
S/T	LEVINE, WENDY S.	6450 N SILVER LAKE DR	LEESBURG, FL	

REGISTERED AGENT INFORMATION

8 Name and Address of New Registered Agent

Name 81

7 Name and Address of Current Registered Agent

Street Address 1 (Do NOT Use P.O. Box Numbers) 82

Street Address 2 (Do NOT Use P.O. Box Numbers) 83

City and State 84

FL

Zip Code 85

CROAK, MICHAEL A.
14229 U.S. HWY 441
TAVARES, FL. 32778

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I 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 effects as if made under oath. I further certify 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, FS.

Signature

Karen Woods-Parrish

Date

6/30/90

Typed Name of Signing Officer or Director

KAREN WOODS-PARRISH

Title

PRESIDENT

Telephone Number

904-357-7311

11. Should you desire a certificate of status, check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUL 10 '91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #H72284 (5)**

FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.
1120 SOUTH BAY STREET
EUSTIS, FL 32726-5547

2. If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date incorporated or Organized To Do Business in Florida

08/16/1985

4. FEI Number

59-2942578

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
1 P/D	WOODS-PARRISH, KAREN	1120 SOUTH BAY STREET	EUSTIS, FL
2 D	LITTLE, ROBERT	2450 PARK HOLLAND RD	LEESBURG, FL
3 V	WEINER, LYNDA S.	537 SUNNYSIDE DR	LEESBURG, FL
4 S/T	LEVINE, WENDY S.	6450 N SILVER LAKE DR	LEESBURG, FL
5			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

CROAK, MICHAEL A.
14229 U.S. HWY 441
TAVARES, FL. 32778

8. Name and Address of New Registered Agent

81. Name

82. Street Address 1 (Do NOT Use P.O. Box Numbers)

83. Street Address 2 (Do NOT Use P.O. Box Numbers)

84. City

85. Zip Code

FL

I, Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation hereby admits 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 Sections 607.0502 and 607.1508 Florida Statutes.

SIGNATURE _____ (Registered Agent Accepting Appointment)

DATE _____

I hereby 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE Karen Woods Parrish DATE 6/30/91

Typed Name of Signing Officer or Director: KAREN WOODS PARRISH Title: PRESIDENT Telephone Number (Daytime): (904) 357-7311

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25. Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #H72264 (5)**
FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.
1120 SOUTH BAY STREET
EUSTIS FL 32726-5547

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, and through the incorporation and enter the correct address below. P.O. Box is acceptable. The filing office address can be changed only by amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **08/16/1985**

3a. Date of Last Report: **07/10/1991**

4. FEI Number: **59-2042578-59-2593640**

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Filing Charge** for Certificate of Status

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1x	P/D	WOODS-PARRISH, KAREN	1120 SOUTH BAY STREET EUSTIS, FL
2x	D	LITTLE, ROBERT	2450 PARK HOLLAND RD LEESBURG, FL
3x	V	WEINER, LYNDA S.	537 SUNNYSIDE DR LEESBURG, FL
4x	S/T	LEVINE, WENDY S.	6450 N SILVER LAKE DR LEESBURG, FL
5x			
6			

7. Name and Address of Current Registered Agent

CROAK, MICHAEL A.
14229 U.S. HWY 441
TAVARES, FL. 32778

8. Name and Address of Local Registering Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Numbers)

83 Street Address 2 (Do NOT Use P.O. Box Numbers)

84 City

85 State

FL.

9. Pursuant to the provisions of Sections 607.0502 and 607.1505 or Sections 617.0501 and 617.1506 Florida Statutes, the undersigned (named corporation) hereby certifies that the information furnished in this statement is true and correct and that I am an officer or director of the corporation or the receiver or trustee appointed to administer the affairs of the corporation as provided in Chapter 617, Florida Statutes, and that my name appears in Block 6 on an attachment with an address.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

11. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that, if a signature shall file the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee appointed to administer the affairs of the corporation as provided in Chapter 617, Florida Statutes, and that my name appears in Block 6 on an attachment with an address.

SIGNATURE Karen Woods Parrish DATE _____

Typed Name of Signing Officer or Director: **KAREN WOODS PARRISH** Title: **MANAGER** Telephone Number (Daytime): **(904) 357-7311**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee

CR2004 (11/91)

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

HR-113

APPROVED
REP. OF STATE
REGISTRATION DIV.
TALLAHASSEE, FLA.
12 3

1. Name and Mailing Address of Corporation: **DOCUMENT # H72264 (5)**
FIRST LANSEAIR TRAVEL SERVICE OF EUSTIS, INC.
1120 S BAY ST
EUSTIS FL 32726-5547

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, the filer should check with the state and enter correction in Block 2		3. Date Incorporated or Qualified 08/16/1985	3a. Date of Last Report 07/13/1992
FILING FEE \$300.00		4. FBI Number 592593640	Applied For Not Applicable
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE			
2. Mailing Address	2b. Principle Place of Business	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Exempt Campaign Financing Under Anticorruption	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. The corporation has been authorized to file annual reports under the Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CROAK, MICHAEL A. 14229 U.S. HWY 441 TAVARES FL 32778		81. Name KAREN WOODS PARRISH	
		82. Street Address (P.O. Box Number is Not Accessible) 1155 ELM CT	
		83. City TAVARES	
		84. State FL	
		85. Zip Code 32778	
		86. Country USA	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0512 and 617.1508, Florida Statutes, the above-named corporation submits the 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 Karen Woods Parrish DATE 4/24/93

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE P/D	1.2 NAME WOODS-PARRISH, KAREN	1.1 TITLE	1.2 NAME
1.3 ADDRESS 1120 SOUTH BAY STREET	1.4 CITY-ST-ZIP EUSTIS FL	1.3 ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE D	2.2 NAME LITTLE, ROBERT	2.1 TITLE	2.2 NAME
2.3 ADDRESS 2450 PARK HOLLAND RD	2.4 CITY-ST-ZIP LEESBURG FL	2.3 ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE V	3.2 NAME WEINER, LYNDA S.	3.1 TITLE	3.2 NAME
3.3 ADDRESS 537 SUNNYSIDE DR	3.4 CITY-ST-ZIP LEESBURG FL	3.3 ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE S/T	4.2 NAME LEVINE, WENDY S.	4.1 TITLE	4.2 NAME
4.3 ADDRESS 6450 N SILVER LAKE DR	4.4 CITY-ST-ZIP LEESBURG FL	4.3 ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 ADDRESS	5.4 CITY-ST-ZIP	5.3 ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 ADDRESS	6.4 CITY-ST-ZIP	6.3 ADDRESS	6.4 CITY-ST-ZIP

14. I 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 in person. I further certify that I am an officer or director of the corporation or the receiver or trustee appointed to liquidate the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or on an attachment with an address.

SIGNATURE Karen Woods Parrish DATE 4/24/93

Print/Type Name of Signing Officer or Director: **KAREN WOODS PARRISH** Title: **PRESIDENT** Telephone Number: **(904) 357-7311**

07-0001 (11/89)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/84: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**CORPORATION
 ANNUAL REPORT
 1994**



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
 AND
 FILED**

94 JUL -8 AM 9:03

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # H72264 (5)

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

Mailing Address
**1120 SOUTH BAY STREET
 EUSTIS FL 32728**

Principal Place of Business
**1120 SOUTH BAY STREET
 EUSTIS FL 32728**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		08/16/1985		05/01/1993	
22		27		4. FD Number		Applied For	
23		28		59-2593640		Not Applicable	
24		25		29		30	
26		27		28		29	
31		32		33		34	
35		36		37		38	
39		40		41		42	
43		44		45		46	
47		48		49		50	
51		52		53		54	
55		56		57		58	
59		60		61		62	
63		64		65		66	
67		68		69		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	

9. Name and Address of Current Registered Agent
**KAREN WOODS PARRISH
 1155 ELM CT
 TAVARES FL 32778**

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 or Sections 617.0502 and 617.1508, 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, Sections 607.0503 or 617.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	WOODS-PARRISH, KAREN	12 NAME	
13 STREET ADDRESS	1120 SOUTH BAY STREET	13 STREET ADDRESS	
14 CITY - ST - ZIP	EUSTIS FL	14 CITY - ST - ZIP	
21 TITLE	D	21 TITLE	
22 NAME	LITTLE, ROBERT	22 NAME	
23 STREET ADDRESS	2450 PARK HOLLAND RD	23 STREET ADDRESS	
24 CITY - ST - ZIP	LEESBURG FL	24 CITY - ST - ZIP	
31 TITLE	V	31 TITLE	
32 NAME	WEINER, LYNDA S.	32 NAME	
33 STREET ADDRESS	537 SUNNYSIDE DR	33 STREET ADDRESS	
34 CITY - ST - ZIP	LEESBURG FL	34 CITY - ST - ZIP	
41 TITLE	S/T	41 TITLE	
42 NAME	LEVINE, WENDY S.	42 NAME	
43 STREET ADDRESS	8450 N SILVER LAKE DR	43 STREET ADDRESS	
44 CITY - ST - ZIP	LEESBURG FL	44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

**800001223448
 -07/11/94--01028-024
 ****225.00 ***325.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 719.07(3)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Woods Parrish* Karen Woods Parrish 6/25/94 904-357-7311

*COPIED
 7/8/94*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **H72264**

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

FILED
 95 NOV -7 PM 4:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400001644604
 -11/22/95--01092--009
 ***\$75.00 ***\$75.00

Principal Place of Business Mailing Address
 1120 SOUTH BAY STREET 1120 SOUTH BAY STREET
 EUSTIS FL 32726 EUSTIS FL 32726

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2593640	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DCS/RED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PO	WOODS-PARRISH, KAREN	1120 SOUTH BAY STREET	EUSTIS FL
D	LITTLE, ROBERT	2450 PARK HOLLAND RD	LEESBURG FL
V	WEINER, LYNDA S.	537 SUNNYSIDE DR	LEESBURG FL
ST	LEVINE, WENDY S.	6450 N SILVER LAKE DR	LEESBURG FL

REINSTATEMENT 11/2/95

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KAREN WOODS PARRISH 1155 ELM CT TAVARES FL 32778		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.5305, F.S.

Signature of Registered Agent: Karen Woods Parrish Date: 9/20/95
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Karen Woods Parrish KAREN WOODS PARRISH 9/20/95 904357-7311
 SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR Date Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 OCT 11 AM 11:05

DOCUMENT # H72264 (5)
 1. Corporation Name

FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.



Principal Place of Business Mailing Address
 1120 SOUTH BAY STREET EUSTIS FL 32726 1120 SOUTH BAY STREET EUSTIS FL 32726

3. Date Incorporated or Qualified 08/16/1985 3a. Date of Last Report 11/07/1995

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country

4. FEI Number 59-2593640 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Eligible for Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 KAREN WOODS PARRISH
 1155 ELM CT
 TAVARES FL 32778

10. Name and Address of Next 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: Karen Woods Parrish 10/5/96
By doing so, you irrevocably appoint the person named as registered agent in this application. (NOTE: Registered Agent signature required with re-appointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	WOODS-PARRISH, KAREN	12 NAME	
STREET ADDRESS	1120 SOUTH BAY STREET	13 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	
NAME	LITTLE, ROBERT	22 NAME	
STREET ADDRESS	2450 PARK HOLLAND RD	23 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	
NAME	WEINER, LYNDIA S.	32 NAME	
STREET ADDRESS	537 SUNNYSIDE DR	33 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	34 CITY - ST - ZIP	
TITLE	ST	41 TITLE	
NAME	LEVINE, WENDY S.	42 NAME	
STREET ADDRESS	6450 N SILVER LAKE DR	43 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	
NAME	NAN BURNSIDE	52 NAME	
STREET ADDRESS	9585 SILVER LAKE DR	53 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 34789	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

TRASURER
 900001391479-LE
 -10/31/96-01004-024
 ****375.00 ****375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Woods Parrish 9/13/96 552-357-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREDS4 (3/96)