

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

FILED

Jan 23 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H97034 (3)

1. Corporation Name  
WIMAUMA AIR, INC.

Principal Place of Business

6505 SR 674 E.  
WIMAUMA FL 33598  
US

Mailing Address

C/O RICHARD F STICKLE  
5003 BONITA DR  
WIMAUMA FL 33598-4203  
US

3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2627766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STICKLE, RICHARD F.  
5003 BONITA DRIVE  
WIMAUMA FL 33598

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKLE, RICHARD F.	1.2 NAME	
STREET ADDRESS	5003 BONITA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WIMAUMA FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGEROW, ARTHUR A.	2.2 NAME	
STREET ADDRESS	1402 BADGEROW PLL	2.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKLE, HELLEN A.	3.2 NAME	
STREET ADDRESS	5003 BONITA DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WIMAUMA FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGEROW, LINDA	4.2 NAME	
STREET ADDRESS	1402 BADGEROW PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Richard F. Stickle President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 813-633-1118

Date

Daytime Phone #

CR2E034 (9/96)