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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

J20572

(0)

GAIDI	NER AIRPORT, INC.							
Principal Place of Business Mailing Address ROUTE 1, BOX 345 ZOLFO SPRINGS FL 33890 ZOLFO SPRINGS FL 33890					T I CORNING CASE CLOCK COURT BOTHER CITYLE BOTHER CLOCK COURT BLOCK CASES OF COURT CASES.			
					3. Date incorporated or Qualified 06/23/1986	3a. Date 04	of Last Re /20/199	port 5
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2695538	<u>l</u>	<u> </u>	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	е	City & State			6. Election Campaign Financing Trust Fined Contribution		\$5.00	0 May Be
Zip 24 33890-	9801 25 Hardee	Zip	Coun	itry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes Yes			199.032,
ED2010	9. Name and Address of Curr		30		10. Name and Address of New I		laent	
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FARWELL, E. RAY ROUTE 1, BOX 345 ZOLFO SPRINGS FL 33890				82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	-	
			L	94 City		FL	85 Zip	Code
familiar Wil	th, and accept the obligations of, Se	ection 607.0505, Florida Statutes	s.	orporation's boai	rd of directors. I hereby accept the app	Kolntment as r	egistereu	agent. i am
SIGNATURE _	In, and accept the obligations of, Signature typed or protect name of registered as	ection 607.0505, Florida Statutes gent and title if applicable [NO	S.	Orporation's boai		DATE FICERS AND	DIRECTO	
SIGNATURE: 12.	Signarian transfer printed name of registrated at OFFICERS A	ection 607.0505, Florida Statutes	DTE: Registered A	gent signature require	d when reinstating)	DATE FICERS AND		
SIGNATURE: 12. HILE NAME	Signature: typed or protect name of registered as OFFICERS A	ection 607.0505, Florida Statutes gent and title if applicable [NO	S. OTE: Registered A 13. 1.1 TIT 1.2 NAM	gent signature require LE	d when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
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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 costn; 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: _ &

ME OF SIGNING OFFICER OR DIRECTOR

941-735-1128 Destine Prone :