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

PROFIT CORPORATION ANNUAL REPORT 1998



PLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J20572

Country

9. Name and Address of Current Registered Agent

(0)

GARDNER AIRPORT, INC.

City & State

23

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Zip

City & State

Principal Place of Business Mailing Address 364 FISH BRANCH RD 364 FISH BRANCH RD ZOLFO SPRINGS FL 33890 ZOLFO SPRINGS FL 33890 2. Principal Place of Business 2a. Mailing Address 26 Suite. Apt. #. etc. Suite, Apt. #, etc. 22

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FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

06/23/1986 4. FEI Number

59-2695538

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

ROUTE 1, BOX 345 ZOLFO SPRINGS FL 33890			i I		•			
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	2 0 0, 1		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								
					e required when reinstating)	DATE	- t re . L	
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES T			
TITLE	\$T	DELETE	1.1 TITLE			L	Change	Addition
NAME	FARWELL, E. RAY		1.2 NAME					ĺ
STREET ADDRESS	364 FISH BRANCH RD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ZOLFO SPRINGS FL		1.4 CITY-ST	-ZIP	f			
TITLE	P	DELETE	2.1 TITLE				Change	☐ Addition
NAME	FARWELL, HAZEL C.		2.2 NAME	ĺ				
STREET ADDRESS	364 FISH BRANCH RD		2.3 STREET	ADORESS				
CITY-ST-ZIP	ZOLFO SPRINGS FL		2. 4 CITY-S			***		Į
TITLE	202 0 0114110012	DELETE	3.1 TITLE	·			Change	Addition
NAME			3.2 NAME			_		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST	T-ZIP			_	
TITLE		DELETE	4.1 YITLE	·			Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		■ DELETE	5.1 TITLE				Change	☐ Addition
NAME		ſ	5.2 NAME	ļ				
STREET ADDRESS		1	5.3 STREET A	ADDRESS				İ
CITY-ST-ZIP		8	5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	NDORESS	l			\
CITY CT - PID			64 CITY_ST	_ 7/D	1			i

Country

81 Name

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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, one on an attachment with an address.

SIGNATURE