**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90057 015 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J20572 1. Corporation Name

GARDNE	ER AIRPORT, INC.				
Principal Place of Business  364 FISH BRANCH RD  ZOLFO SPRINGS FL 33890 US  Mailing Address  364 FISH BRANCH RD  ZOLFO SPRINGS FL 33890 US			J	DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified 06/23/1986	· .
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2695538	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	<u>.                                    </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	This corporation owes the current year     Personal Property Tax.	☐Yes [☑KNo]
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ad Agent
FARWELL, E. RAY ROUTE 1, BOX 345 ZOLFO SPRINGS FL 33890			82 Street Add 364	dress (P.O. Box Number is Not Acceptable)  Fish Branch Read	
			84 City	<del></del>	L 85 Zip Code 33890
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	iuthorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
•	in terminal with, and accept the oblig	unono or, oconom cor .soco, i re	mad oldleros.		•
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Agent signature requir		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	ST SAPWELL E DAY	☐ DELETE	1.1 TITLE		Change Addition
NAME	FARWELL, E. RAY		1.2 NAME		
STREET ADDRESS	364 FISH BRANCH RD		1.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	ZOLFO SPRINGS FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	P	L) DELETE	2.1 TITLE	•	□ claride □ vocition
NAME	FARWELL, HAZEL C.		2.2 NAME		
STREET ADDRESS	364 FISH BRANCH RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS FL	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE		Change (17/00mg/l
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME	•	
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.5 STREET ADDRESS		
CITY-ST-ZIP			4.4.00D/ OT 7/0		
		☐ DFI FTE	4.4 CITY-ST-ZIP		Change Addition
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

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.

6.4 CITY-ST-ZIP