FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2002 8:00 am Secretary of State DOCUMENT # J20572 1. Entity Name 03-14-2002 90055 019 \*\*\*150 00 GARDNER AIRPORT, INC. Mailing Address Principal Place of Business 364 FISH BRANCH RD 364 FISH BRANCH RD ZOLFO SPRINGS FL 33890 ZOLFO SPRINGS FL 33890 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X Applied For 59-2695538 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARWELL, HAZEL C Street Address (P.O. Box Number is Not Acceptable) 364 FISH BRANCH RD **ZOLFO SPRINGS FL 33890** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition Delete FARWELL HAZEL C NAME STREET ADDRESS 364 FISH BRANCH RD STREET ADDRESS ZOLFO SPRINGS FL 33890 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE FARWELL HAZEL C. NAME NAME STREET ADDRESS 364 FISH BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ZOLFO SPRINGS FL ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

C Farwell Pres Sec Treas 1-18-02

changed, or on an attachment with an address, with all other like empowered

indicated on this report or supplemental 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 11 or Block 12 if