SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

SOUTHERN OUT BOUND AIR, INC.

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90009 043 ***550.00

Principal Place	e or Business	Walling Address		<u> </u>
13095 BRYAN RD		13095 BRYAN RD		
LOXAHATCHEE FL 33470		LOXAHATCHEE FL 33470		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ļ				07/28/1986
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 3740	SAUANNAUS TRAIL	26 3740 SAVANN	AUS TRAIL	NOT APPLICABLE Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		-6. Election Campaign Financing \$5.00 May Be
AA T T / A T /		28 MERRITT ISLAND, FL Zip Country		Trust Fund Contribution Added to Fees
23 MERRITISLAND FL Zip Country		28 MERKIN 132	Grant Contract Contra	
Zip	Country			8. This corporation owes the current year Intangible Personal Property.
24 3295		<u> </u>	45 A	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
Name Name				
	ORE, JOHN		82 Street Ad	DORE, JOHN D, ddress (P.O. Box Number is Not Acceptable)
13093 DRIAN RD 3740				SAUANNAHS TRAIL
LOXAHATCHEE FL 33470				
			84 City	85 Zip Code
			MER	RITT ISLAND FL 32953
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				
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	ir Florida. Such change was aut ions of, section 607,0505. Florid	nonzeo by the corpor la Statutes.	ation's board of directors. Thereby accept the appointment as registered
1		Means		9-15-99
SIGNATURE	Signature, typed or printed name at registered agent a	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	DELETE		P
	MOORE, JOHN	C DELEVE	1.2 NAME	MODRE John -
NAME			1.210400	MOORE, John 3740 SAVANNAHS TRAIL
STREET ADDRESS	13095 BRYAN RD		1.3 STREET ADDRESS	MERRITI FSLAMO, FL 32953 V Achange Addition ANDORE, John D. 3740 SAVANNAHS TRAIL
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	MERKIN A SLAMO, I C 3 X73 2
TITLE	ν	DELETE	2.1 TITLE	Change Addition
NAME	O'DONNELL, JAMES	•	2.2 NAME	MOORE, John D.
STREET ADDRESS	13095 BRYAN RD		2.3 STREET ADDRESS	3740 SAVANNAHS IKAK
CITY-ST-ZIP	LOXAHATCHEE FL 33470	- يوسيد المراد الله	2.4 CITY-ST-ZIP	MERRITT TSLAND, FL 32 953 Change Addition
TITLE		DELETE	3.1 TITLE	Change Addition
		CT DECEIP	3.2 NAME	
NAME				
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	 	Delete	5.1 TITLE	Change Addition
ł		☐ DELETE		Lit Quando [] Addition
NAME			5.2 NAME	
STREET ADDRESS	1		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
3 CACCLE NUDACESS)		6.4 CITY-ST-ZIP	
CITY-ST-ZIP				

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.

SIGNATURE: