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

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

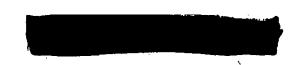
DOCUMENT # J25917

SOUTHERN OUT BOUND AIR, INC.

Principal Place of Business Mailing Address

FILED Jun 06, 2000 8:00 am Secretary of State

06-06-2000 90477 020 ***150.00



	er Errogen og								
	44				DO NOT WRITE IN	: THIS SPACE			
3740 SAVANDAMS THAT 3740 SAVANNA				645 TR		3. Date Incorporated or Qualifed		,	
3740 SAVANNAHS TRAIL 3740 SAVANNAHS TR MERRITI ISLAND, FL 32453 MERRITI ISLAND FL 82					2457	07/28/1986	•	,	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26			1	NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #						_	\$8.7	5 Additional	
22	27				5. Certifcate of Status Desired	Fee	Required		
City & State City & State						6. Election Campaign Financing	\$5.0	O May Be	
23	28				Trust Fund Contribution	Adde	d to Fees		
Zip Country Zip			Country			8. This corporation owes the current y		ا ید	
						Personal Property Tax.	Yes	No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
иоо	RE, JOHN		•	Name	Mo	ORE John D			
	5 BRYAN RD				Addres	ress (P.O. Box Number is Not Acceptable) .			
	NHATCHEE FL 33470	83			40 .	SAUANNAHS TRAIL			
LUA	MATCHEE PE 35470	•,	8.	1				\ \	
	·		84	City		T	85 Z	p Code	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>	ERI	RITT ISLAND		2 <i>453</i>	
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 ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	s.					
SIGNATURE		SAME		alamah wa w		then reinstating) D.	ATÉ		
12.	Signature, typed or printed name of registered agent		13.	ant aigriature r	required w	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	P .	OFFICERS AND DIRECTORS					∏ Chang		
NAME	MOORE, JOHN	,	1.2 NAME		Г ′М	OORE JOHN D.	, ,,	_	
!	13095 BRYAN RD		1.3 STREET ADDRESS		37	OORE JOHN D. 140 SAVANNAHS PR		-	
STREET ADDRESS	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP		ME	RRITT ISLAND, FL	32 953	•	
TITLE	V DELETE		# 21 TITLE 1		1 1/		TAL ONG IN	ge	
NAME	O'DONNELL, JAMES		2.2 NAME		ر م ا	AROL M. MOORE 140 SAVANNAUS TR			
STREET ADDRESS	13095 BRYAN RD		2.3 STREET AL		27	40 SAVANNAHS TR	AK		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2. 4 CITY-ST-ZI		ME	RRITI ISLAND, FL	32953	1	
TITLE	DELETE		3.1 TITLE		17-12		☐ Chang	ge Addition	
NAME	• •		3.2 NAME		ŀ				
STREET ADDRESS	·	,	3.3 STRE	T ADDRESS					
CITY-ST-ZIP		• •	3.4. CITY-						
TILE		☐ DELETE	4.1 TITLE				☐ Chan	ge 🔲 Addition	
NAME			4. 2 NAMI	.					
STREET ADDRESS		•	4.3 STRE	ET ADORESS				-	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u> </u>			
TITLE		☐ DELETE	5.1 TITLE			i	☐ Chan	ge	
NAME			5.2 NAME			`•			
STREET ADDRESS			5.3 STRE	ET ADDRESS		•			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE .		☐ DELETE	6.1 TITLE				☐ Chan	ge	
NAME ?			6.2 NAME	:					
t t			6.3 STRE	ET ADDRESS				Ì	
STREET ADDRESS			64 CITY-	ST. 7!P				ſ	

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.

SIGNATURE: