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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J41428** **(0)**

1. Corporation Name
CRACKER AIR, INC.

Principal Place of Business	Mailing Address
350 5TH AVE S SUITE 200 NAPLES FL 33940 US	350 5TH AVE S SUITE 200 NAPLES FL 34102-6503 US

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business	2a. Mailing Address
21 3049 VAN BUREN AVE.	26 3049 VAN BUREN AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NAPLES FL	28 City & State: NAPLES FL
24 Zip: 34112 25 Country: USA	29 Zip: 34112 30 Country: USA

4. FEI Number: 59-2735995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMATO, LOUIS X. 350 5TH AVE S SUITE 200 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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: Louis X. Amato 2/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TOPPING, TRACEY L.		1.2 NAME		
STREET ADDRESS	350 5TH AVE S #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	AMATO, LOUIS X.		2.2 NAME	AMATO, LOUIS X.	
STREET ADDRESS	350 5TH AVE S #200		2.3 STREET ADDRESS	350 5th AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HIRST, JAMES E		3.2 NAME		
STREET ADDRESS	309 AIRPORT ROAD N		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		3.4 CITY-ST-ZIP	NEW ZIP 34104	
TITLE	D	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	RODNEY DYKES		4.2 NAME	RODNEY DYKES	
STREET ADDRESS	3049 VAN BUREN AVENUE		4.3 STREET ADDRESS	3049 VAN BUREN AVE	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] 3/24/97 (941)774-3533