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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L70282

(3)

Principal Place	G EDGE AIR CHARTER, I	Mailing Address			
7710 SPRINGSIDE LANE TAMPA FL 33615		7710 SPRINGSIDE LAI TAMPA FL 33615	NE.		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		05/02/1990 4, FEI Number	08/03/1995 Applied For
21		26		59-3050572	Not Applicable
Suite, Apt. <i>i</i> 22	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	
:3		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₁ μ	Country 30	8. This corporation has liability for in Florida Statutes Yes	itangible tax under s. 199.032,
<u> </u>	g. Name and Address of Curre			10. Name and Address of New Ro	
		<u></u>	81 Name		-g
BROOKS	I TUGGI F		82 Street Ada	fress (P.O. Box Number is Not Acceptable	ρ)
BROOKS, J. TUGGLE 7710 SPRINGSIDE LANE				ness (·
TAMPA F			83		
			84 City		FL 85 Zip Code
SIGNATURE _	th, and accept the obligations of, Ser Signature types or printed name of registered ap-		OTE To gistered Ayest Signature resur	ed wher redistating	DAIŁ
	OFFICENS A				
TrTLF i			13.	ADDITIONS/CHANGES TO OFFI	
	PROOFE LITHOUF	DELETE	1 1 TOPLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	BROOKS, J. TUGGLE		1 - 1 Title 1.2 NAME	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS	BROOKS, J. TUGGLE 7710 SPRINGSIDE LN		1 1 TOPLE	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS CITY-ST-ZIP	BROOKS, J. TUGGLE		1 TTRUE 12 NAME 13 SCHEEL ADDRESS	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BROOKS, J. TUGGLE 7710 SPRINGSIDE LN	☐ DELETE	1 1 THE 1.2 NAME 1.3 SCHELL ADDRESS 1.4 CHY-ST-ZIP	ADDITIONS/CHANGES TO OFFI	Change Addition
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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 it on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96

889-93/6