FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700005200

FLORIDA JET FLYERS, INC.

Principal Place of Business

2020 E. EDGEWOOD DR., #57 LAKELAND FL 33803

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

P. O. BOX 5335 LAKELAND FL 33807

2a. Mailing Address

26

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90042 002 ****61.25

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3. Date Incorporated or Qualifed

09/11/1997

Zip Country Zip Country Zip Country G. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 9TD									
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24			28			5. Certificate of Status Desired	Ш	Fee Re	quired
24	Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Re
BURDIN, JOHN 2020 E. EDGEWOOD DR., #57 LAKELAND FL 33803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Vity 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME BURDIN, JOHN 12 NAME STREET ADDRESS 2020 EDGEWOOD DRIVE #57 13. STREET ADDRESS CITY. ST. ZIP LAKELAND FL 33803 14. CITY. ST. ZIP TITLE VPSD DELETE 2.1 TITLE VPSD OFAnge Addit	24			0			Ш		
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.	5 50 00 1			84	City		FI	85 Zip C	ode
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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		contifue that the information and the desired	Li- All						

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 617, 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:

741-667-1785