

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

FILED

Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000001720 (1)

1. Corporation Name
GILLIARD CENTRAL FLORIDA AIR, INC.



Principal Place of Business 5656 PAYNE ROAD LAKELAND FL 33809	Mailing Address 5656 PAYNE ROAD LAKELAND FL 33809-1824
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2. Principal Place of Business 21 2740 Industrial Park Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 440 South Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/27/1992	3a. Date of Last Report 05/01/1996
22 City & State 23 LAKELAND, FL Zip 33801 Country POK		27 City & State 28 LAKELAND, FL Zip 33809 Country POK		4. FEI Number 59-3147941	Applied For Not Applicable
24 33801		25 POK		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 33809		27 POK		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 33809		29 POK		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GILLIARD, HOMER R 5656 PAYNE RD. LAKELAND FL 33809				10. Name and Address of New Registered Agent 81 Name HOMER K GILLIARD 82 Street Address (P.O. Box Number is Not Acceptable) 440 SOUTH RD 83 84 City LAKELAND, FL 85 Zip Code 33809	
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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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: HOMER K GILLIARD PRESIDENT-DIRECTOR 1-18-97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE		Change	Addition
NAME	GILLIARD, HOMER R			1.2 NAME			
STREET ADDRESS	1073 CAPTIVA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE	PRESIDENT	Change	Addition
NAME	GILLIARD, HOMER K			2.2 NAME	HOMER K GILLIARD		
STREET ADDRESS	1073 CAPTIVA DR.			2.3 STREET ADDRESS	440 SOUTH RD		
CITY-ST-ZIP	LAKELAND FL 33803			2.4 CITY-ST-ZIP	LAKELAND FL 33809		
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 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
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			

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: HOMER K GILLIARD 1-18-97

CR2E034 (9/96)