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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000010715 (0)

1. Corporation Name
NATIONAL AIR CHARTERS, INC.



Principal Place of Business

Mailing Address

2729 FLIGHTLINE AVE.
SANFORD FL 32773
US

2729 FLIGHTLINE AVE.
SANFORD FL 32773-8740
US

2. Principal Place of Business

2a. Mailing Address

21 210 CESSNA BLVD

26 210 CESSNA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DAYTONA BEACH, FL

28 DAYTONA BEACH, FL

Zip

Country

Zip

Country

24 32124

25 VOLUNTA

29 32124

30 VOLUNTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/07/1992

06/14/1996

4. FEI Number

Applied For

59-3158040

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

CONNER, CLAUDE
2529 TAILSPIN TRAIL
DAYTONA BEACH FL 32124

10. Name and Address of New Registered Agent

81 Name George E. McCallman JR

82 Street Address (P.O. Box Number is Not Acceptable)
1829 E SPRUCE CREEK BLVD

83

84 City DAYTONA BEACH

FL

85 Zip Code 32124

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 *George E. McCallman Jr*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME CONNER, CLAUDE
STREET ADDRESS 2529 TAILSPIN TRAIL
CITY-ST-ZIP DAYTONA BEACH FL 32124

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME George E. McCallman JR
1.3 STREET ADDRESS 1829 E SPRUCE CREEK BLVD
1.4 CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ST ☒ DELETE
NAME PAM CONNER
STREET ADDRESS 2529 TAILSPIN TRAIL
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME LAUREN MCCALLMAN
2.3 STREET ADDRESS 1829 E. SPRUCE CREEK BLVD
2.4 CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *George E. McCallman Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 904 767-9464

Date

Daytime Phone #

CR2E034 (9/96)