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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P92000014356

1. Corporation Name
JEBB AIR INC.

Principal Place of Business
92530 OVERSEAS HWY
TAVERNIER, FL 33070

Mailing Address
P.O BOX 3145
KEY LARGO, FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1992

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number 65-0377457 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEAT, BRAD
92530 OVERSEAS HWY.
KEY LARGO, FL 33037

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEAT, BRADFORD		1.2 NAME	
STREET ADDRESS	92530 OVERSEAS HWY. PO Box 573		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 33070		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIGELOW, FRASER R		2.2 NAME	
STREET ADDRESS	7 STILLWRIGHT WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037		2.4 CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHOMAT, HECTOR		3.2 NAME	
STREET ADDRESS	11430 N KENDALL DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176		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	400002524444 -05/15/98--01004--009 ***150.00
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 (10/97)

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 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: X Hector T. Chomat Hector CHomat 4/29/98 (305)279-4445
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #