

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

FILED

May 15 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 # P93000008092 (7)

1. Corporation Name

SOUTHERN PRIDE AVIATION, INC.

Principal Place of Business

5500 N.W. 21ST TERRACE  
HANGAR 16  
FT. LAUDERDALE FL 33309  
US

Mailing Address

4922 DYER BLVD  
WPB FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1993

4. FEI Number

65-0400066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1625 W Commercial Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

27 401 Northlake Blvd  
Suite, Apt. #, etc.

23 City & State

23 Fort Lauderdale, FL

28 City & State

28 North Palm Beach, FL

24 Zip

24 33309

25 Country

25 Bloward

29 Zip

29 33408

30 Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BYERS, JOHN C  
4922 DYER BLVD.  
W PALM BCH. FL 33407

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

*John C Byers*

(NOTE: Registered Agent signature required when reinstating)

*Feb 19th / 98*

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BYERS, JOHN C  
STREET ADDRESS 4922 DYER BLVD.  
CITY-ST-ZIP W PALM BCH. FL 33407

TITLE VP ☐ DELETE  
NAME OBRIEN, MICHAEL  
STREET ADDRESS 5500 NW 21 TERR # 16  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

*John C Byers* Feb 19th / 98 561-8462075

CR2E034 (10/97)