FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018771 (4)**

1. Corporation Name
LAST FLIGHT OUT, INC.

Principal Place of Business	Mailing Address
402 APPELROUTH LANE KEY WEST FL 33040	402 APPELROUTH LANE KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business
21 706A Duval ST
22 Suite, Apt. #, etc. Key West
23 City & State Key West, FL.
24 Zip 33040
25 Country Monroe

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

4. FEI Number: 65-0422090 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWNING, MICHAEL L
402 APPELROUTH LANE
KEY WEST FL 33040

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 _____ 4/10/95
Signature, typed or printed name of individual (see attached if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	BROWNING, MICHAEL L	12 NAME	Michael Brownins	
STREET ADDRESS	402 APPELROUTH LANE	13 STREET ADDRESS	402 Apple Routh Lane	
CITY-ST-ZIP	KEY WEST FL 33040	14 CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	21 TITLE	SECTRY TREASURER	☑ Change ☐ Addition
NAME	BROWNING, JOSEPH P	22 NAME	Joseph B Brownins	
STREET ADDRESS	402 APPELROUTH LANE	23 STREET ADDRESS	402 AppleRouth Lane	
CITY-ST-ZIP	KEY WEST FL 33040	24 CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	31 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GREAGOR, CLAY	32 NAME	Clay Greagor	
STREET ADDRESS	402 APPELROUTH LANE	33 STREET ADDRESS	402 AppleRouth Lane	
CITY-ST-ZIP	KEY WEST FL 33040	34 CITY-ST-ZIP	Key West, FL. 33040	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Clay Greagor CLAY GREAGOR PRESIDENT 4/24/95 305-294-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000644 CP