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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025685 (7)

GRAYBIRD AIRSPORTS, INC.

Principal Place of Business Mailing Address

## **FILED** May 07 1998 8:00am Secretary of State



14141 SE 51 AVE 14141 SE 51 AVE **BUMMERFIELD FL 34491** SUMMERFIELD FL 34491 DO NOT WRITE IN THIS SPACE 04/05/1993 2. Principal Place of Business 2a. Mailing Address 4. EEL Number Applied For 21 65-0403424 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCNAMEE, GREGG Name 14141 SE 51 AVE Streel Address (P.O. Box Number is Not Acceptable) SUMMERFIELD FL 34491 84 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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. Floreby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes. Signature, typed or protect more of eags terest agent and other tapple, share (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition MCNAMEE, GREGG NAME 1.2 NAME 14141 SE 51 AVE STREET ADDRESS 1.3 STREET ADDRESS **SUMMERFIELD FL 34491** CITY-ST-ZIP 1.4 CITY-SF-ZIP DELETE TITLE 2.1 TITLE Change Addition MCNAMEE, DIANA J NAME 2.2 NAME 14141 SE 51 AVE STREET ADDRESS 2 3 STREET ADDRESS **SUMMERFIELD FL 34491** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 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 TOLE Change Addition NAME 4 2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5 1 TILLE Charige Addition NAME 5.2 NAME **STREET ADDRESS** 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 any orderes.

GREGGB.MCNAMEE **SIGNATURE:**