


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 20 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P93000054648 (9)**  
 1. Corporation Name  
**SEACOAST AIRLINES, INC.**



Principal Place of Business 4707 140TH AVE. NORTH STE 303 CLEARWATER FL 34622	Mailing Address 4707 140TH AVE. NORTH STE 303 CLEARWATER FL 34622
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ST PETE CLEARWATER AIRPORT Suite, Apt. #, etc. 22 HANGAR 3 SOUTH City & State 23 CLEARWATER, FL Zip 24 33762	2a. Mailing Address 27 ST. PEE CLEARWATER AIRPORT Suite, Apt. #, etc. 27 HANGAR 3 SOUTH City & State 28 CLEARWATER, FL Zip 29 33762	Country 25 USA 30 USA
---	--	-----------------------------

3. Date Incorporated or Qualified 08/02/1993	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3198235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 DILLON, THOMAS J  
 4707 140TH AVE NORTH  
 STE 303  
 CLEARWATER FL 34622

10. Name and Address of New Registered Agent  
 81 Name FRANCIS R. LAKELEY P.A.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
715 SWANN AVENUE  
 83  
 84 City TAMPA FL 85 Zip Code 33606

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: *Thomas J Dillon* (NOTE: Registered Agent signature required when reinstating) DATE: 8/15/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, THOMAS J	
STREET ADDRESS	4707 140TH AVE. NORTH STE 303	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, HILLARY L	
STREET ADDRESS	4707 140TH AVE. NORTH STE 303	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM A. KRUSEN, SR	
1.3 STREET ADDRESS	ST PETE/CLEARWATER AIRPORT	
1.4 CITY-ST-ZIP	HANGAR 3 SOUTH CLEARWATER, FL 33762	
2.1 TITLE	VPLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSS VAN LERBERGHE	
2.3 STREET ADDRESS	ST PETE/CLEARWATER AIRPORT	
2.4 CITY-ST-ZIP	HANGAR 3 SOUTH CLEARWATER, FL 33762	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK P. BEYNART	
3.3 STREET ADDRESS	ST PETE/CLEARWATER AIRPORT	
3.4 CITY-ST-ZIP	HANGAR 3 SOUTH CLEARWATER, FL 33762	
4.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL HOLTZAPPEL	
4.3 STREET ADDRESS	ST PETE/CLEARWATER AIRPORT	
4.4 CITY-ST-ZIP	HANGAR 3 SOUTH CLEARWATER, FL 33762	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William A. Krusen* 8/15/97 8135318520

CR2E034 (4/97)