

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085293 (7)

1. Corporation Name

FISH'S FLYING SERVICE, INC.



Principal Place of Business

Mailing Address

3811 ALABAMA AVE NE
ST PETERSBURG FL 33703

3811 ALABAMA AVE NE
ST PETERSBURG FL 33703

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, MELTON H
2424 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34205

81 Name

Melton H. Little

82 Street Address (P.O. Box Number is Not Acceptable)

519 - 13th Street West

83

84 City

Bradenton

FL

85 Zip Code

34205

11. Pursuant to the provisions of Sections 607.0552 and 607.1504, 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0553, Florida Statutes.

SIGNATURE

MELTON H. LITTLE

4/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	FISH, GUY	
STREET ADDRESS	3811 ALABAMA AVE NE	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE	D	☐ DELETE
NAME	FISH, MARK	
STREET ADDRESS	3811 ALABAMA AVE NE	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE	D	☐ DELETE
NAME	FISH, MAYBELLE	
STREET ADDRESS	3811 ALABAMA AVE NE	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-96

813-526-0278

Date

Telephone #

CR2E034 (12/95)