

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P94000000972 (7)

1. Corporation Name

DOLPHIN EXPRESS AIRLINES, INC.



Principal Place of Business

Mailing Address

4606 CLYDE MORRIS BLVD.  
SUITE 2A  
PORT ORANGE FL 32119  
US

4606 CLYDE MORRIS BLVD.  
SUITE 2A  
PORT ORANGE FL 32119  
US

3. Date Incorporated or Qualified  
01/05/1994

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 210 Cassara Blvd

26 210 Cassara Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #12

27 #12

City & State

City & State

23 Daytona Beach FL

28 Daytona Beach FL

Zip

Zip

Country

Country

24 32124

25 USA

29 32124

30 USA

4. FEI Number

59-3242929

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEPS, DONALD J J  
1020 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BEACH FL 32114

81 Name

Kenneth A Renner

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

210 Cassara Blvd

83

#12

84

Daytona Beach

FL

85 Zip Code

32124

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

Kenneth A Renner

4/26/96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME L'HOMMEDIEU, EDWARD F  
STREET ADDRESS 4606 CLYDE MORRIS BLVD., #2A  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☒ DELETE

NAME FALLON, MICHAEL A  
STREET ADDRESS 4606 CLYDE MORRIS BLVD., #2A  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE SD ☒ DELETE

NAME RENNER, KENNETH A  
STREET ADDRESS 4606 CLYDE MORRIS BLVD., #2A  
CITY-ST-ZIP DAYTONA BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ President/Treasurer/Officer ☐ Change ☐ Addition

1.2 NAME Kenneth A Renner  
1.3 STREET ADDRESS 210 Cassara Blvd #12  
1.4 CITY-ST-ZIP Daytona Beach FL 32124

2.1 TITLE ☒ Secretary/Officer ☐ Change ☐ Addition

2.2 NAME Michael A Fallon  
2.3 STREET ADDRESS 210 Cassara Blvd #12  
2.4 CITY-ST-ZIP Daytona Beach FL 32124

3.1 TITLE ☐ Officer ☒ Addition

3.2 NAME Leonard Ohlsson  
3.3 STREET ADDRESS 210 Cassara Blvd #12  
3.4 CITY-ST-ZIP Daytona Beach FL 32124

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 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:

Kenneth A Renner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 104 756-8308

DATE DAYTIME PHONE

CR2E034 (12/95)