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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

2001

DIVIDION OF CORDODATIONS

	FLORIDA A	# P9400 AIRLINES, INC.	00008911 ((7)					
Principal Place	e of Business		Mailing Address			L GABLINGE LIN INIUL MINEL MONTH	LOUPE MANEEL MASON	BEIEL IBIIA	LOIDT ETBAT FINE TOOL
3226 CAPITAL CIRCLE SW 3226 CAPITAL CIRCLE TALLAHASSEE FL 32310 TALLAHASSEE FL 3231									
·						3. Date Incorporated or Qualified 02/04/1994	3a. Date	of Last F	•
Principal Place of Business			2a. Mailing Address			4. FEI Number		T.	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-3304166		¢07	Not Applicable 5 Additional
2			27			5. Certificate of Status Desired		•	Required
23	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Feet			
7ip ! 4	2		Zip 29	Countr 30	у	8. This corporation has fiability for Florida Statutes	intangible ta		
	9. Name a	nd Address of Current	Registered Agent			10. Name and Address of New I	Registered A	gent	
LEDSO	ON, RICHARI) l		81 Name					
LEDSON, RICHARD L 3226 CAPITAL CIRCLE SW TALLAHASSEE FL 32310			82 Stre			iress (P.O. Box Number is Not Acceptat	ole) 		
IALLA	I INOULL I L	02010		84				85 Z	ip Code
					1		<u>FL</u>	1	•
11. Pursuant t	to the provision	s of Sections 607.0502 a	and 607.1508, Florida Statu	tes, the above-	named corpo	ration submits this statement for the out	rnose of chai		registered office
	to the provision ed agent, or bo th, and accept	s of Sections 607.0502 a oth, in the State of Florida the obligations of, Sectio	and 607.1508, Florida Statu a. Such change was authori, n 607.0505, Florida Statute	tes, the above- zed by the com s.	named corpo poration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of chai pointment as i	nging its registerei	registered office d agent. I am
SIGNATURE _		rinted name of registered agent ar	rd title if applicable (N	OTE: Registered Age		ed when reinstating)	DATE		
SIGNATURE	Signature, typed or p		nd title if applicable (N DIRECTORS	OTE: Flegistered Age			DATE ICERS AND	DIRECTO	
SIGNATURE _	Signature, typed or p	rinted name of registered agent ar	rd title if applicable (N	OTE: Registered Age		ed when reinstating)	DATE ICERS AND		
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/01 904 576 8492