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May 14, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008911

1. Corporation Name
JET FLORIDA AIRLINES, INC.

Principal Place of Business
3226 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310

Mailing Address
3226 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number
59-3304166

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3240 Capital Circle SW
Suite, Apt. #, etc.

26 3240 Capital Circle SW
Suite, Apt. #, etc.

22 City & State
Tallahassee, FL

27 City & State
Tallahassee, FL

23 Zip Country
32310 Leon

28 Zip Country
32310 Leon

24 32310 25 Leon

29 32310 30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDSON, RICHARD L
3240 3226 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LEDSON, RICHARD L
STREET ADDRESS 3226 CAPITAL CIRCLE SW
CITY-ST-ZIP TALLAHASSEE FL 32310

1.1 TITLE ☐ Change ☐ Addition

NAME LEDSON, RICHARD L

STREET ADDRESS 3226 CAPITAL CIRCLE SW

CITY-ST-ZIP TALLAHASSEE FL 32310

1.2 NAME

1.3 STREET ADDRESS 3240

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME CURASI, JAMES B

STREET ADDRESS 3226 CAPITAL CIRCLE SW

CITY-ST-ZIP TALLAHASSEE FL 32310

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 3240

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 850-576-8492
Date Daytime Phone #

CR2E034 (1/98)