

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000030432 (6)

1. Corporation Name

GAINESVILLE FLYERS, INC.

FILED
1995 JUL 26 11:10:18
TALLAHASSEE, FLORIDA

Principal Place of Business

612 NW 10TH AVE
APT A
GAINESVILLE FL 32601

Mailing Address

612 NW 10TH AVE
APT A
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2246 SW 43 PL.

2a. Mailing Address

26 2246 SW 43 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GAINESVILLE FL

City & State

27 GAINESVILLE FL

Zip

Country

24 32608

Zip

Country

29 32608

30

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

4. FEI Number

59-3237418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

AUSTIN, JAMES J
612 NW 10TH AVE
APT A
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

2246 SW 43 PL

83

84

City GAINESVILLE

FL

85

Zip Code 32608

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 the Agent)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUSTIN, JAMES J
STREET ADDRESS	612 NW 10TH AVE
CITY, ST, ZIP	GAINESVILLE FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	P/D/O	☒ Change ☐ Addition
1.2 NAME	AUSTIN, JAMES J	
1.3 STREET ADDRESS	2246 SW 43 PL	
1.4 CITY, ST, ZIP	GAINESVILLE FL 32608	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 authorized 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 addition.

SIGNATURE:

James J. Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/95 (404) 395-7979
395-7979