## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

**1998** 



FLORIDA DEPARÎMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000033624 (5)

**FILED** Jun 17 1998 8:00am Secretary of State

CAROL	LINA AVIATION, INC					
Principal Plac	ce of Business	Mailing Address			T SOUTH BET SIGN TO THE STATE OF THE ORIGINAL PROPERTY OF THE	HOTOU ATTAIN DELINE HADAL DAGA ANDA
15500 EVERGREEN AVENUE 2888 LACONCHA DR CLEARWATER FL 34622 CLEARWATER FL 346					DO NOT WRITE IN TH	IC CDACE
		U\$			3. Date Incorporated or Qualified	IS SPACE
					05/02/1994	
2. Principal F	Place of Business	2a. Mailing Addres	ss		4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, 6	nio.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	10	Cily & State			A Flatin Committee Figure	Fee Required
23	(C)	[28]			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zib	Cour	itry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	d Agent
	ELBY, JOHN W		}	B1 Name		
2888 LACONCHA				Street Add	ress (P.O. Box Number is Not Acceptable)	
CE.	EARWATER FL 34622			83		
1-						
0.5				34 City	F	B5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida	Statutes, the ab	ove-named con	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
office or i	regi <b>ster</b> ed agent, or both, in the Sta am f <b>am</b> iliar with, and accept the Obli	te of Florida, Such charig igations of, Section 607.0	e was authorized 505, Florida Stati	by the corporal tes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
	Signature, typical or professionance of regulations a			Agent signature requi	red when reinstating) DATE	<del></del>
12.	OFFICERS A	ND DIRECTORS	13. ETE 1.1 TOTA		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
TITLE NAME	BYRNE, JOHN B		1.2 NA			C qualific C various
STREET ADDRESS	13942 LAKE POINT DRIVE			EFT ADDRESS		
City-\$1-ZiP	CLEARWATER FL 34622			7-S1-ZIP		
TITLE	SD SD	DELI				Change Addition
NAME	SELBY, JOHN W		2.2 NAI	1		
STREET ADDRESS	2888 LACONCHA DRIVE			EET ADDRESS		
CITY-SI-ZIP	CLEARWATER FL 34622			Y-ST-ZIP		
TITLE	10	DEL				Change Addition
NAME	HIMMEL, JEFFREY C		3.2 NA	AF		
STREET ADDRESS	313 E ROBERTSON		3 3 STH	EFT ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		3.4. 011	Y-SI-ZIP		
TITLE		☐ DELI	ETE . 4.1 YH	E		Change Addition
NAME			4. 2 NA	WE		
STREET ADDRESS			4 3 STR	EET ADORESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		[] [DELI	£1E 5.1 1ITE	E		☐ Change ☐ Addition
NAME			5.2 NAM	10		
STREET ADDRESS			5 3 \$1R	EE1 ADORESS		
CITY-ST-ZIP				(-S1-ZIP		
TATLE		☐ DELI			antikatiin kiilikatiin källä yöne Saalasiili kallasiili	Change Addition
NAME			62 NA		<b>0000025</b> 650 -06/19/9801025	$ ho_2$
STREET ADDRESS				LET ADDRESS	***150.00	6.17
CITY-ST-ZIP	<u> </u>		6.4 CIT	(-SI-7(P	marian graph graph	61

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 is supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the exciver 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 our in analysis.