

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

DOCUMENT # **P94000047339 (4)**

1. Corporation Name

FED AIR FLORIDA CORPORATION



Principal Place of Business

**1618 SOUTHBAY DRIVE
OSPREY FL 34229**

Mailing Address

**1618 SOUTHBAY DRIVE
OSPREY FL 34229**

2. Principal Place of Business

21 **415 WALLS WAY**

Suite, Apt. #, etc.

22

City & State

23 **OSPREY FL**

Zip

24 **34229**

Country

2a. Mailing Address

26 **415 WALLS WAY**

Suite, Apt. #, etc.

27

City & State

28 **OSPREY FL**

Zip

29 **34229**

Country

30

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0507568

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

**JOHNSON, L E
1618 SOUTHBAY DRIVE
OSPREY FL 34229-9**

10. Name and Address of New Registered Agent

81 Name

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

415 WALLS WAY

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

SAME

Signature typed or printed name of registered agent and the filer.

(If filer is Registered Agent Signature required when filing.)

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JOHNSON, L.E.**
STREET ADDRESS **1618 SOUTHBAY DRIVE**
CITY-ST-ZIP **OSPREY FL**

TITLE **VST** ☐ DELETE
NAME **JOHNSON, J.E.**
STREET ADDRESS **1618 SOUTHBAY DRIVE**
CITY-ST-ZIP **OSPREY 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **415 WALLS WAY**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **415 WALLS WAY**
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 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:

He Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

941-966-7481

Daytime Phone #

CR2E034 (12/95)