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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047753** (6)

SOUTHEASTERN AIR OF VOLUSIA COUNTY, INC.

FILED										
May 12 1997 8:00am										
Secretary of State										

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Principal Pear	e of Business	Malling	Malling Address				r redicioes con exist desire didicio salste addisi activo sanci, nadari acida selec				
595 N.NOVA RD 119		595 N. N	595 N. NOVA RD 119								
ORMOND BCH US	FL 32174	ORMOND US	BCH FL 32174-	4424			a Data tarangan dan Oral Sad	Tax Dat	d l 1 P) on!	
05		03					3. Date Incorporated or Qualified 06/24/1994		e of Last F 1/1996	seport	
2. Principal f	flace of Business	2a. Maili	ng Address				4. FEI Number		A	oplied For	
21		26					59-3262122		N	ot Applicable	
Suite Apt.	. #. etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional		
22		27								equired	
City & Stri	le	F-7 *	City & State				6. Election Campaign Financing		\$5.00 May Be		
23		28		1			Trust Fund Contribution			to Fees	
Zip	Country	Zip		Cou	intry		8. This corporation has liability for			s. 19 9.032,	
24	[25]	29		30				Yes			
	9. Name and Address of Cur	rent Hegistered	Agent	····.	81	Name	10. Name and Address of New Ro	gisterea A	gent		
	GETT, GLENN R.				ا"	Name					
	WEST GRANADA BLVD				82	Street Add	lress (P.O. Box Number is Not Accepta	ble)			
ORM	AONDD BEACH FL 32174					ļ 					
					83						
					84	City			85 Zip	Code	
								FL			
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.15	08, Florida Statu	ites, the al	SOVE	a-named cor	poration submits this statement for the	purpose of	changing i	ts registered	
	registered agent, or both, in the States familiar with, and accept the ob-						ation's board of directors. I hereby acce	br tue abbr	munem as	registered	
SIGNATURE											
OKATO TO TE	Signature, typical or printed harrie of registered		·	If: Registered	d Age	nt signature requ	ired when reinstating)	DATE			
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFI				
THE	D		☐ DELETE	1.1 3)	TLE			1	Change	Addition	
SAME	DICK, BRADLEY			1.2 N	ME						
STIEET ADDRESS	1124 NORTHSIDE DR.			1.3 \$1	REET	ADDRESS					
City St. ZP	ORMOND BEACH FL 32174			1.4 C/	TY-S	T-2 P					
1 ftF			DELETE	21 (1	TLE) Change	Addition	
NAME				22 N/	AME						
STREET ACTORESS				2.3 \$1	REET	ADDRESS					
60° × 31-70°				2.4C	ITY-S	ST-ZIP				** ***	
Til. F			DELETE	3 1 11	TLE				Change	Addition	
MAM				3.2 N/	ME	1					
STREET ADDRESS				3.3 ST	REET	ADDRESS					
COY-ST ZIP				3.4. C	ITY-S	ST-ZIP					
TINE	A Add A		DELETE	4.1 71	TLE				Change	Addition	
NAME:				4. 2 N	AME						
STREET ADDRESS				4.3 \$1	REET	ADDRESS					
C 11-ST 7/P				4.4 CI	TY-S	T-ZIP					
11*11			DELETE	5.1 TI	TLE				Change	Addition	
MAME				5.2 N/	AME						
STREET ACORESS				5.3 ST	REET	ADDRESS					
OTF-ST-ZIP				5.4 CI		Į.					
1001			DELETE	6.1 11					Change	Addition	
NAME				6.2 NA	ME	1					
STR-ELADORESS						ADDRESS					
CITY-ST 7/II				6.4 CI							
Marian III	J	diaminuith this file	n door not sue				d in Cootion 110.07/21/() Florida Statut	no I & utboc	opetitus that	Libo	

I. I do 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 sorporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or print attachment with an address.

SIGNATURE:

KONATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIFFECTOR , SIGNIA TYPED OR PHINTED NAME OF SIGNIA OFFICER OR DIFFECTOR .