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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047753 (6)

SOUTHEASTERN AIR OF VOLUSIA COUNTY, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
595 N.NOVA F	RD		595 N. NOVA RD					
119 ORMOND BCH FL 32174			119 ORMOND BCH FL 32174			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualified		
						06/24/1994		
2. Principal P	ace of Business	2a. Mailing Addre	ðss			4. FEI Number	Applied For	
21		26	26			59-3262122	Not Applicable	
Suite, Apt.	#, 6 tc.	Suite, Apt. #,	Suite, Apt. #, etc.			I & Liendicate of Status Liegited I I .	.75 Additional	
22		27				3, 55	ee Required	
City & State		City & State	 - - - - - - - - 			6. Election Campaign Financing \$5.00 May Be		
23	Country	28		Country			dded to Fees	
Zip	Country	Zip	<u> </u>	30		B. This corporation owes or has paid the current y Personal Property Tax due June 30. Yes	→ *	
24	25 9. Name and Address of Curr	29 ent Registered Agent	30]	[30]		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
PAI	OGETT, GLENN R.			81	Name	10.		
	WEST GRANADA BLVD			-				
	MONDD BEACH FL 32174		B2 Str		Street A	Address (P.O. Box Number is Not Acceptable)		
011	MICHOLD CENTIL CENTY			83				
	•			-				
				84	City	FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Floric	la Statutes, the	above	e-named o	corporation submits this statement for the purpose of chan	ging 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 harm of registered	agent and the Jappneable	(NOTE: Registe	ered Agr	n erutengia tn	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TATLE	D Story BB4B1EV	DE	LETE 11	TITLE		□ 0	hange 🔲 Addition 🕃	
NAME	DICK, BRADLEY		12	2 NAME			[5	
STREET ADDRESS	1124 NORTHSIDE DR.	1	•		ADDRESS		رُا	
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-S	T-ZIP			
TITLE		☐ DE		THLE	J	□ c	hange [] Addition [
NAME				2 NAME				
STREET ADDRESS			1		ADDRESS		ļ	
CITY-ST-ZIP		□ DE		4 CITY - S I TITLE	ST-ZIP	□ C	hange Addition	
TITLE				NAME			Milds TT Vacation	
NAME CTREET ADDRESS					1DDDccc			
STREET ADDRESS					ADDRESS		ł	
CITY-ST-ZIP TITLE		DE		I. DITY-S I TITLE	or- tir		hange Addition	
NAME		<u> </u>		2 NAME	1		- Last tourist	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S)			
TITLE		☐ DE		HILE		□ C	hange	
NAME				NAME			- –	
STREET ADDRESS					ADDRESS 1		-	
CITY-\$T-ZIP				CITY-S				
TITLE		DE		TITLE	-	□ c	hange Addition	
NAME			6.2	NAME	1		\	
STREET ADDRESS			63	STREET	ADDRESS		ļ	
CITY-ST-ZIP			6.4	CITY-S	T-ZIP			
14. Thereby o	ertify that the information supplied	with this filing does not	qualify for the e	exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify the	nat 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 attachmon with an address								