FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



SIGNATURE:

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

1996

P94000048778 (2)

DOCUMENT # 1. Corporation Name

CASELLA AIR, INC.

| CASELLA AIH, INC. | | | | |
|--|--|---|---|--|
| Principal Place of Business | Mailing Address | | | |
| 6327 23 STREET NORTH | 6327 23 STREET NORTH | | | |
| ST PETERSBURG FL 33702 | ST PETERSBURG FL 33 | 3702 | | |
| | | | 3. Date Incorporated or Qualified 06/27/1994 | 3a. Date of Last Report 04/12/1995 |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | 26 | | 59-3261455 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 25 | 29 | 30 | | □No |
| 9. Name and Address of Curr | rent Registered Agent | | 10. Name and Address of New R | legistered Agent |
| | | 81 Name | | |
| CASELLA, JOHN L | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | ole) |
| 6327 23 STREET NORTH | | 83 | | |
| ST PETERSBURG FL 33702 | | 63 | | |
| | 1 | 84 City | | FL 85 Zip Code |
| ar recipitated property with in the State of | orda. Such change was authorize | zed by the corporation's book | ard of directors. I hereby accept the app | ointment as registered agent. I am |
| SIGNATURE // /2//C | | | | 41-03-96 |
| Signature, typed or printed name of registered a | gent and title if applicable (N | OTE: Registered Agent signature requir | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| IGNATURE Supplies, typed or printed name of registered a Conficiency of the Conficiency o | | OTE: Registerec Agent signature requir | red when reinstating) | DATE |
| SUPPLIE SUPPLI | ogent and title if applicable (NO | OTE: Registerec Agent signature requir | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| IGNATURE Supplies, typed or printed name of registered a 2. OFFICERS TILE PSTD CASELLA, JOHN L 6327 23 STREET NORTH | gent and title if applicable (N) AND DIRECTORS DELETE | OTE: Registered Agent signature requirements. 13. 1.1 TITLE | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| 2. OFFICERS TILE PSTD CASELLA, JOHN L 6327 23 STREET NORTH CT PSTCOSR IDG FL 3370 | gent and title if applicable (N) AND DIRECTORS DELETE | OTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition |
| IGNATURE SEMBLIFE, typed or printed name of registered a 2. OFFICERS THE PSTD CASELLA, JOHN L 6327 23 STREET NORTH ST PETERSBURG FL 3370 | gent and title if applicable (N) AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition |
| IGNATURE Strate to the property of printed name of registered a printed name of registered name of regist | gent and tire if applicable (NA AND DIRECTORS DELETE | OTE: Registered Agent signature result 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition |
| IGNATURE Supplies, typed or printed name of registered a 2. OFFICERS TILE AME AME G327 23 STREET NORTH ST PETERSBURG FL 3370 ITLE AME AME | gent and tire if applicable (NA AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition |
| IGNATURE SUPPLIE SUPPL | gent and title if applicable (NO AND DIRECTORS DELETE | OTE: Registere: Agent signature result 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition |
| IGNATURE Supplies, typed or printed name of registered a 2. OFFICERS TILE AME IRREIT ADDRESS ITY - ST - ZIP TILE ST PETERSBURG FL 3370 TILE AME TREEF ADDRESS ITY - ST - ZIP TILE TILE TREEF ADDRESS TO SUPPLIES AND | gent and tire if applicable (NO AND DIRECTORS DELETE | OTE: Registere: Agent signature result 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition |
| IGNATURE Supplies, typed or printed name of registered a 2. OFFICERS TILE AME IRREH ADDRESS ITY - ST - ZIP ITILE AME TREEF ADDRESS ITY - ST - ZIP ITILE IAME IAME | gent and title if applicable (NO AND DIRECTORS DELETE | OTE: Registere: Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition |
| SUPPLIE SUPPLIES SUPP | gent and title if applicable (NO AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SUPPLY STATE | gent and title if applicable (NO AND DIRECTORS DELETE | OTE: Registere: Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SUPPLY STATE STATE STATE STATE STATE STATE STATE CASELLA, JOHN L 6327 23 STREET NORTH ST PETERSBURG FL 3370 ITLE MAME TREET ADDRESS STATES TO THE MAME STREET ADDRESS STATES TO THE MAME STREET ADDRESS STATES TO THE MAME MAME STREET ADDRESS STATES TO THE MAME | Quent and title if applicable (NAND DIRECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SIGNATURE SUPPLY: Typed or printed name of registered a 2. OFFICERS TITLE AME TREEL ADDRESS TITLE THE STATE OF THE S | Quent and title if applicable (NAND DIRECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition |
| SUPPLY STORY STATE STAT | Quent and title if applicable (NY AND DIRECTORS DELETE 2 DELETE DELETE DELETE | OTE: Registerec Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | red when reinstating) | Change Addition Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE SUPPLY: Typed or printed name of registered a 2. OFFICERS TITLE AME THEEL ADDRESS TITLY: STZIP TITLE THEEL ADDRESS THEEL ADDRE | Quent and title if applicable (NAND DIRECTORS DELETE DELETE DELETE DELETE | OTE: Registere: Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | red when reinstating) | Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Chan |
| SUPPLY STORY STREET ADDRESS CITY ST ZIP TITLE AME AME AME AME AME AME AME A | Quent and title if applicable (NY AND DIRECTORS DELETE 2 DELETE DELETE DELETE | OTE: Registere: Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | red when reinstating) | DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE SUPPLIE SUP | Quent and title if applicable (NY AND DIRECTORS DELETE 2 DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS | red when reinstating) | Change Addition Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE SUPPOSE, typed or printed name of registered a OFFICERS PSTD CASELLA, JOHN L 6327 23 STREET NORTH STYLEST-ZIP OTHER STREET ADDRESS CITY-ST-ZIP OTHER NAME STREET ADDRESS CITY-ST-ZIP | Quent and title if applicable (NO AND DIRECTORS) DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | red when reinstating) | Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE SUPPLIE SUP | Quent and title if applicable (NY AND DIRECTORS DELETE 2 DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE | red when reinstating) | Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change |
| SIGNATURE SUPPLIES, typed or printed name of registered a OFFICERS ITLE CASELLA, JOHN L 6327 23 STREET NORTH ST PETERSBURG FL 3370 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Quent and title if applicable (NO AND DIRECTORS) DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | red when reinstating) | Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Chang |
| IZ. OFFICERS INTE VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE | Quent and title if applicable (N) AND DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP | red when reinstating) ADDITIONS/CHANGES TO OFF | Change Addition Change Addition Addition |

4-23-96 813 521-4229 Date Daytime Prone #