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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000080971 (2)

BUDGET-AIR, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				a thought the solit name and the abilit abilit abilit abilit abilit abilit abilit	18(1) 18 091 2183 1941	
805 NW 53RD AVE P.O. BOX 2443						
#G4		GAINESVILLE FL 32802	-2443	DO NOT WRITE IN THIS SPACE	DO NOT INDITE IN THE COACE	
GAINESVILLE FL 326 09 US		U\$		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
"				11/03/1994		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3298402		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			3.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required	
City & State		Cily & State				
23		28			Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current y		
24	25 9. Name and Address of Curr	ent Registered Agent	30]	Personal Property Tax due June 30. Yes		
Di I		on riogistored Agent	81 Name			
	PP, JAMES A HIDDEN HILL I			RUPP, JAMES A		
	YSTONE HEIGHTS FL 32858			Address (P.O. Box Number is Not Acceptable)		
NE	1910NE HEIGHTS FL 32030		83	1544 SE 2 AVE		
			84 City	SEYSTONEHTS FL 85		
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stati	ites, the above-named		32656	
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose of chan poration's board of directors. I hereby accept the appointm	ent as registered	
	m anilia win, and accept the ob-	igations of, Section 607.0305, f	ionua statutes.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NC	OTE: Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	- 1,104,108,11	hange	
NAME	RUPP, JAMES A		1.2 NAME	RUPP, JAMES A		
STREET ADDRESS			1.3 STREET ADDRESS	4 SUU SE 2 AVE		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32		1.4 CITY-ST-ZIP	GAMPINETS FL 32656		
TITLE		L_ DELETE	2 1 TITLE	JUL / / NUM JUME	Change Addition	
NAME			22 NAME	RUPP, MILHAEL D.		
STREET ADDRESS			23 STREET ADDRESS	USHU SE DAVE		
CITY-ST-ZIP		Delete	2.4 CITY-ST-ZIP	GATHER VILLE PL 32656	i Antiri	
TITLE		☐ DELETE	3.1 TITLE		hange Addition	
NAME			3.2 NAME	BROWN, JAMES TODA 3731 NW 53 RD		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	GAINESVILLE FL 32606	hange Addition	
NAME			4.1 TITLE 4.2 NAME	ليال	neinte 🗀 Vondani	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		hange Addition	
NAME			5.2 NAME	— •		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TiTLE		hange Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby c	ertify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify the	at the information	
l officer or a	on this annual report or supplement director of the corporation or the report Block 13 if changed, or on an at	ceiver or trustee empowered to	curate and that my sign execute this report as	nature shall have the same legal effect as if made undor or required by Chapter 607, Florida Statutes, and that my nar	ath; that I am an me appears in	