

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

30 MAY -1 11 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082241 (8)**

1. Corporation Name:

BLUE SKY AIR SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ROUTE 7 BOX 474 **ROUTE 7 BOX 474**
LIVE OAK FL 32060 **LIVE OAK FL 32060**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/01/1994 **N/A**
4. FEI Number Applied For
59-3270890 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

VASS, JAY R
ROUTE 3 BOX 68
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

12.1 NAME	D VASS, JAY R
12.2 STREET ADDRESS	ROUTE 3 BOX 68
12.3 CITY & STATE	LIVE OAK FL 32060
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY & STATE	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Copy

Signature Please Print