

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

FILED
Feb 14 1997 8:00 am
Secretary of State

DOCUMENT # **P94000089465 (6)**

1. Corporation Name
ALLEN AIR, INC.



Principal Place of Business

Mailing Address

**341 YARMOUTH STREET
MARCO ISLAND FL 33937**

**P.O. BOX 309
MARCO ISLAND FL 34146-0309
US**

2. Principal Place of Business

2a. Mailing Address

21 **991 Chalmer Dr.**

26 **P.O. Box 309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite # 6**

27

City & State

City & State

23 **Marco Is, Florida**

28 **Marco Is, Florida**

Zip

Zip

24 **34145**

25 **U.S.A.**

29 **34146**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0539802

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

**WOODWARD, CRAIG R
606 BALD EAGLE DRIVE
SUITE 500
MARCO ISLAND FL 33969**

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant agent and title if applicable

(If OTE, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALLEN, CHARLES C III**
STREET ADDRESS **341 YARMOUTH STREET**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **300002087743-4**
1.3 STREET ADDRESS **-02/14/97-01035-002**
1.4 CITY-ST-ZIP *******173.75 *****173.75**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (9/96)