

FILED

May 01 1998 8:00am
Secretary of State

1. Corporation Name
RICHARD AIR OF FLORIDA, INC.

| | | | |
|--------------------------------|--------------------------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 440 HENDRICKS WAY | 2b | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | SEBRING REGIONAL AIRPORT | 27 | |
| City & State | | City & State | |
| 23 | SEBRING, FL | 28 | |
| Zip | Country | Zip | Country |
| 24 | 33870 | 29 | 30 |

| DO NOT WRITE IN THIS SPACE | | |
|--|--------------------------|-------------------------|
| 3. Date Incorporated or Qualified 12/21/1994 | | |
| 4. FEI Number 59-3325875 | <input type="checkbox"/> | Applied For |
| | <input type="checkbox"/> | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| 9. Name and Address of Current Registered Agent | |
|--|-------------------|
| WELVAERT, WARD 4805 CITRUS DR. ST. CLOUD FL 34772 | 81 Name |
| | 82 Street Address |
| | 83 City |
| | 84 State |

10. Name and Address of New Registered Agent

ARD WELVAERT
less (P.O. Box Number is Not Acceptable)
D HENDRICKS WAY
ORING REGIONAL AIRPORT
ORING
FL 85 Zip Code 33270

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 & required address and title (if applicable)

WARD WELVAERT

4-10-98

DATE _____

| 12. | | OFFICERS AND DIRECTORS | 13. |
|-----------------|---|---------------------------------|---------------------|
| TITLE | PSTO WELVAERT, WARD 4805 CITRUS DR. ST. CLOUD FL 34772 | <input type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | | | 1.2 NAME |
| STREET ADDRESS | | | 1.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 1.4 CITY - ST - ZIP |
| | | | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | | | 2.2 NAME |
| STREET ADDRESS | | | 2.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 2.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 3.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP |

[illegible]

14. I 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.

SIGNATURE:

W. M. L. V.

WARD WELVAERT

4-10-98

941-655-5403

CB2F034 (10/97)