FILE NOW: FILING FEE AFTER MAY 1ST IS \$9 **FILED PROFIT** STATE FLORIDA DEPARTMEN CORPORATION Sandra B. Mo Mar 30 1998 8:00am ANNUAL REPORT: Secretary of St DIVISION OF CORPOR 1998 TIONS Secretary of State DOCUMENT # P95000060747 (9) ANGEL AIR SERVICES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 19022 POST OFFICE BOX 19022 SARASOTA FL 34278 SARASOTA FL 34276 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0601140 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COTTRELL, WILLIAM J 2536 ARAPAHO STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 **B3** City 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 registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE .... Addition Change TITLE 1.1 TITLE COTTRELL, WILLIAM J MALKE 12 NAME 2536 ARAPAHO STREET STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE COTTRELL, DORIS M NAME 2.2 NAME 2536 ARAPAHO STREET STREET ADDRESS 2.3 STREET ADORESS SARASOTA FL 34231 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE HAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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.