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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077372

1. Corporation Name

TERRY A. HAGLE, INC.

- April 1999, name _ changed to Beach Air Adventures, Inc.

Principal Plac	e of Business	Mailing Address							
757 HWY 98 E 4567 WOODWIND DR									
STE 14-196 DESTIN FL 32541 .					}				
DESTIN FL 325	41	US			- 1	DO NOT WRITE IN THIS SPACE			
U\$					ŀ	3. Date Incorporated or Qualifed			
						10/03/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	_	1	Applied For
4567 Woodwind Dr. 26						59-3335001			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			- 1	***************************************			Additional
		27				5. Certifcate of Status Desired		— — — —	Required
22		City & State				A Florida Constitution			
City & Stat		——————————————————————————————————————				6. Election Campaign Financing			May Be to Fees
23 Destin, FL 32541		Zip Country				Trust Fund Contribution			TIO Fees
—∖ Zip	Country	Zip	_	ı y	Į.	8. This corporation owes the cur	rent year int		St.
24	25		30			Personal Property Tax.		☐ Yes	₩No
	9. Name and Address of Curr	ent Registered Agent		<u></u>		10. Name and Address of New	Registered	Agent	
LIAC	IF TENDY A		1	1 Nam	18 Ter	ry A. Hagle			
,	LE, TERRY A		- 1	2 Stree		(P.O. Box Number is Not Accept	able)		
	GOLDSBY'S WAY					oodwind_Drive			
DES'	TIN FL 32541		17	3	4_14_1=EE	DDG WING IDILVE			
			L	- · · .			_		
			{	Le City	÷ . · .		FL	11	Code
				T-ne	<u>stin</u>				2541:
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute: te of Florida. Such change was aut	thorized i	y the co	rporation's	board of directors. I hereby acce	pt the appoi	intment as	registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statut	ės.		·	,		
SIGNATURE									
	Signature, typed or printed name of registered a			gent signatu	re required wh		DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	Р	☐ DELETE	1.1 TITL	•	Vic	e-President		Change	oitibb 📜 ddition
NAME	HAGLE, TERRY		1.2 NAM	E	Dav	id P. Brown			
STREET ADDRESS	3628 GOLDSBY'S WAY		1.3 STR	ET ADDRES	ss 746	Bayshore Drive	€		
CITY-ST-ZIP	DESTIN FL 32541		14 CED	-ST-ZIP	Des	stin, Florida 3:	2541		
TITLE	V	₩ DELETE	2.1 TITL		+	, <u></u>		Change	Addition
	HAGLE, LORI ELLEN		2.2 NAV						
NAME	4567 WOODWIND DR					• •			
STREET ADDRESS				EET ADDRES	SS	t_{\uparrow}	•		
CITY-ST-ZIP	DESTIN FL 32541			-ST-ZIP					
TITLE		☐ DELETE	3.1 TITL	E		,		Change	Addition
NAME		•	3.2 NAW	Ε.	.				
STREET ADDRESS			3.3 STR	EET ADDRES	ss				
CITY-ST-ZIP			3.4. CIT	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL			· · · · · · · · · · · · · · · · · · ·	N. C	Change	Addition
NAME			4.2 NA	Æ	1				
						•		-	
STREET ADDRESS				EET ADDRES	∞	•		,	• *
CITY-ST-ZIP		O DOLETE	_	-ST-ZIP				D Charac	e
TITLE		☐ DELETE	5.1 TITL					Change	- Landinon
NAME			5.2 NAM						
STREET ADDRESS			5.3 STR	EET ADORES	ss				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	Ξ				Change	Addition
NAME			6.2 NAM	E		•			
·	I		1	ET ANNOES	[•	_		

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, with all other like empowered.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP