

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

DOCUMENT # **P95000082560 (0)**

1. Corporation Name
SOUTHEAST AIRWAYS, INC.

Principal Place of Business

**2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207-3564**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

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]*
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ISAAC, FRED C**
STREET ADDRESS **2468 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME **D HEMINGWAY, LEROY**
STREET ADDRESS **2468 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE ☐ Change ☐ Addition
1B NAME
1B STREET ADDRESS
1B CITY-ST-ZIP

2A TITLE ☐ Change ☐ Addition
2B NAME
2B STREET ADDRESS
2B CITY-ST-ZIP

3A TITLE ☐ Change ☐ Addition
3B NAME
3B STREET ADDRESS
3B CITY-ST-ZIP

4A TITLE ☐ Change ☐ Addition
4B NAME
4B STREET ADDRESS
4B CITY-ST-ZIP

5A TITLE ☐ Change ☐ Addition
5B NAME
5B STREET ADDRESS
5B CITY-ST-ZIP

6A TITLE ☐ Change ☐ Addition
6B NAME
6B STREET ADDRESS
6B 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.

SIGNATURE: *[Signature]*

ISAAC, FRED C

4/15/97

9048987102

FILED
May 20 1997 8:00am
Secretary of State



CR2E034 (9/96)