

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

FILED
Apr 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000027590 (4)**

1. Corporation Name
AIR UNLIMITED, INC.



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| Principal Place of Business 2445 DUNN AVENUE APARTMENT #516 JACKSONVILLE FL 32218 | Mailing Address 2445 DUNN AVENUE APARTMENT #516 JACKSONVILLE FL 32218 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|---|--|--|--|--|---|---|--|--|
| 2. Principal Place of Business 21 1606 Airport Road Suite, Apt. #, etc. 22 City & State 23 Fernandina Beach, FL Zip 24 32034 Country 25 USA | | 2a. Mailing Address 26 1417 Sadler Road Suite, Apt. #, etc. 27 # 277 City & State 28 Fernandina Beach, FL Zip 29 32034 Country 30 USA | | 3. Date Incorporated or Qualified 03/22/1996 | 4. FEI Number 59-3384021 Applied For Not Applicable | 5. Certificate of Status Desired <input 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 |
|---|--|--|--|--|---|---|--|--|

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| 9. Name and Address of Current Registered Agent WHORTON, J. PATRICK 2445 DUNN AVENUE APARTMENT #516 JACKSONVILLE FL 32218 | | | | 10. Name and Address of New Registered Agent 81 Name J. Patrick Whorton 82 Street Address (P.O. Box Number is Not Acceptable) 3183 Owens Road 83 84 City Fernandina Beach FL 85 Zip Code 32034 | | | |
|---|--|--|--|---|--|--|--|

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 **J. Patrick Whorton president** **04-21-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|----------------------------------|---------------------------------|--|---|---------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHORTON, J. PATRICK | | | 1.2 NAME | J. Patrick Whorton | | |
| STREET ADDRESS | 2445 DUNN AVENUE, APARTMENT #516 | | | 1.3 STREET ADDRESS | 3183 Owens Road | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 1.4 CITY-ST-ZIP | Fernandina Beach FL 32034 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 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.

SIGNATURE **J. Patrick Whorton** **04-21-98** **2445 DUNN AVENUE**

CR2E034 (10/97)