

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90287 001 \*\*\*150.00

DOCUMENT # P96000027590

1. Corporation Name  
AIR UNLIMITED, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1606 AIRPORT RD  
FERNANDINA BEACH FL 32034  
US

Mailing Address  
1417 SADLER RD  
STE #277  
FERNANDINA BEACH FL 32034  
US

3. Date Incorporated or Qualified  
03/22/1996

4. FEI Number  
59-3384021

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 Max / Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
3183 Owens Rd  
Suite, Apt. #, etc.

2a. Mailing Address  
3183 Owens Rd  
Suite, Apt. #, etc.

23. City & State  
Fernandina Beach FL

28. City & State  
Fernandina Beach FL

24. Zip  
32034

25. Country  
USA

29. Zip  
32034

30. Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

WHORTON, J. PATRICK  
3183 OWENS RD  
FERNANDINA BEACH FL 32034

FL

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 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 |
| NAME           | WHORTON, J. PATRICK       |                                 |
| STREET ADDRESS | 3183 OWENS RD             |                                 |
| CITY-ST-ZIP    | FERNANDINA BEACH FL 32034 |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | DPST                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Whorton, J. Patrick         |  |
| 1.3 STREET ADDRESS | 3183 Owens Rd               |  |
| 1.4 CITY-ST-ZIP    | Fernandina Beach FL 32034   |  |
| 2.1 TITLE          | VD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Kivhaus, Bruce              |  |
| 2.3 STREET ADDRESS | 110 Ocean Terrace           |  |
| 2.4 CITY-ST-ZIP    | Indiantonic, FL 32039 32903 |  |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |  |
| 3.3 STREET ADDRESS |                             |  |
| 3.4 CITY-ST-ZIP    |                             |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |
| 4.3 STREET ADDRESS |                             |  |
| 4.4 CITY-ST-ZIP    |                             |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |  |
| 6.3 STREET ADDRESS |                             |  |
| 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 119.073(1), 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 a title like empowered.

SIGNATURE: *J. Patrick Whorton* J. Patrick Whorton, President 04-21-99 904-491-1831  
Date Daytime Phone #

CR2E034 (11/98)