2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000005728** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name DIXIE FLIGHT CO. 01-27-2000 90119 007 ***150.00 Principal Place of Business Mailing Address 13028 AIR WAY STREET 13028 AIR WAY STREET PANAMA CITY FL 32404 PANAMA CITY FL 32404-2835 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0728252 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIR WAY STREET PANAMA CITY FL 32404 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME YOUNG, JUDITY C STREET ADDRESS STREET ADDRESS 12908 AIR WAY STREET CITY-ST-ZIF CITY-ST-ZIF PANAMA CITY FL 32404 **VPST** ☐ Change ☐ Addition TITLE Delete YOUNG, DAVID F NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY STREET City-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 TITLE X Change Delete TITLE NAME Illidge Simon NAME £QLLQYAx RONX STREET ADDRESS STREET ADDRESS 12908 AIR WAY STREET 12908 Air Way Street CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Panama City, FL 32404-2833 TITLE . Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

ON PRINTED NAME OF SIGNING OF FOOT OF DIRECTOR

1-10-00 (850)871-291

Baytime Phone #