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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000042	65

Med-Jet, Inc.

Principal Place of Business	Mailing Address
100 Second Avenue Sout #704	h Same
	701

FILED Apr 24 1998 8:00am Secretary of State

	#704	Same			
	#704				DO NOT WRITE IN THIS SPACE
	St. Petersburg, FL 337	01			3. Date incorporated or Qualified
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3444699 Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
23	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	Zip Country 25		Count 30	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
B. Gray Gibbs 100 Second Avenue S., #704 St. Petersburg, FL 33701			8	⊥	Name Street Address (P.O. Box Number is Not Acceptable)
			8	3	
			8	4	City FL 85 Zip Code
11					e-named corporation submits this statement for the purpose of changing its registered

agentita	im tamilial with, and accept the obligations of, Section 607	Jugos, Floria	a Statutes,	• •		
SIGNATURE	Signature typed or printed name of registered agent and title if applicable	NOTE BE	egistered Agent signature rec	Dured when reinstating)	DATÉ	
12.	OFFICERS AND DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFF		S IN 12
TITLE	P	ELETE	1.1 TITLE		Change	Addition
NAME	Delano Bellew		1.2 NAME	•		
STREET ADDRESS	1540 Gulf Blvd.		1 3 STREET ADDRESS			
CITY-ST-EIP	Clearwater, FL 34630		1 4 CITY-ST-ZIP			
TITLE	ST	ELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	B. Gray Gibbs		2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	100 Second Ave. S., #704 St. Petersburg, FL 33701		2 4 CITY-ST-ZIP			
TITLE	J,	DELETE	3 1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY-ST-ZIP			
TITLE		ELETE	4 1 TITLE		Change	■ Addilion
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS		_	
CITY-ST-ZIP			4 4 CITY - ST - ZIP			
TITLE	· □ D	ELETE	5.1 TITLE		Change Change	Addition
NAME			5 2 NAME	•	- / H- (1)/	′つ //
STREET ADDRESS			5 3 STREET ADDRESS		\mathcal{A}	14
CITY-ST-7IP			54 CITY-ST-ZIP		10 %	
TITLE	<u> </u> □ □	ELETE	61 TITLE	30000534		☐ Addition
MAME			62 NAME	-04/24/98 01	032013	
STREET ADDRESS			6.3 STREET ADDRESS	***150 . 00		
	1		I			

14. I hereby certily that the information supplied with this lining does not qualify for the exemption stated in Section 119.07(3)(r). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 pirector 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.