

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 16, 1999.  
 AMOUNT DUE ON OR BEFORE 09/16/99: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

07-21-1999 90025 014 \*\*\*150.00  
 FIPPT000042750  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 19 PM 2:48



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000042750  
 1. Corporation Name  
 ISLAND AVIATION, INC.

Principal Place of Business Mailing Address  
 1000 AIRPORT ROAD P O BOX 6403  
 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32035  
 US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
City & State		City & State		Zip		Country		Zip	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified	05/14/1997
4. FEI Number	59-3448008
Applied For	Not Applicable
5. Certificate of Status Debts	<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
7. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 MURPHY, TRAVIS M ESO  
 205 1/2 CENTRE ST  
 FERNANDINA BEACH FL 32034

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
			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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	SEABERT, GARY E	1.2 NAME
STREET ADDRESS	1000 AIRPORT ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Change  Addition

500003027055  
 -10/27/99--01100--008  
 \*\*\*\*400.00 \*\*\*\*308.75

*JB 10/22*

Change  Addition

Change  Addition

Change  Addition

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: *Travis M. ESO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)