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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

1998 DIVISION OF CORPO							PORATIONS)					
DOCUMENT # P97000046318 (6) CAPITAL CITY AIR INC.												I (BRINGE) HE IBNIS (BRIN BRIN GRAN BRIN BRIN BRIN BRIN BRING BRIN			
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Pri	Principal Place of Business Mailing Address											s sedicest and some some some some editi obten best some broad brake such radio som some			
888-11 CAPITAL CIRCLE NE 668-11 CAPITAL CIRCLE NE						NE				1					
TALLAHASSEE FL 32301 TALLAHASSEE FL						ALLAHASSEE FL 32301	,,				Ì	DO NOT WRITE IN THIS SPACE			
											1	3. Date Incorporated or Qualified 06/01/1997			
2. Principal Place of Business					2a. Mailing Address							4. FEI Number Applied For			
21						26						59-3449052 Not Applicable			
22	Suite, Apt	Suite, Apt #, etc.				Suite, Apt #, etc.					1	5. Certificate of Status Desired \$8.75 Additional Fee Required			
22)	City & State	State			City & State						~+	6. Election Campaign Financing \$5.00 May Be			
23					28						1	Trust Fund Contribution Added to Fees			
\Box	Zip		Country Zsp		Zip	Co					8. This corporation owes or has paid the current year Intangible				
24			25		29 30							Personal Property Tax due June 30. Yes X No			
g, Name and Address of Current Registered Agent									1	Name		10. Name and Address of New Registered Agent			
PRESTAGE, JANA J															
668-11 CAPITAL CIRCLE NE TALLAHASSEE FL 32301								82 Street Add			Addres	s (P.O. Box Number is Not Acceptable)			
TALLY MODEL 16 02001							83								
								84 City				leel 7- Orde			
]								1	ı	City		FL 85 Zip Code			
11	. Pursuant t	to the provis	ions of Se	ctions 607.0502	and 6	07.1508, Florida Statut	es, ti	he abo	ve-i	named o	corpor	ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered			
١	agent I a	m familiar wi	th, and ac	copt the obligati	ons o	f, Section 607.0505, Flo	orida	Statut	es.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O. GIIO.	To board or directory accept the appointment as registered			
SI	GNATURE	Stonature type:	or booled oa	me of registered agent	And the	if applicable (NOT	F: Flor	asigned A	cent	BioDahite r	basiunas	when re-nistating) DATE			
12				OFFICERS AND			T	13.		org. Allore	1049100	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TIT	LE					☐ DELETE			1.1 TITLE F			☐ Change 🔀 Addition			
NA:	ME (ı				1.21					Edg	gar E Prestage Jr			
NAME STREET ADDRESS										DDRESS	130	07 Kings Drive			
	Y · ST - ZIP						_	1.4 CITY		ZIP		llahassee Fl 32301			
11fLE							¥			V	☐ Change 😡 Addition				
NAME											/ C Jackson				
]	REET ADDRESS											31 Christina Road			
TITLE									3.1 TITLE S.		$\frac{1a_1}{S/7}$	Llahassee Fl 32311			
l l	ME						1	3.2 NAM		1	•	na J Prestage			
STI	REET ADDRESS						- [3.3 STRE	ET AL	DDRESS		07 Kings Drive			
cn	Y-S1 - 71P						1	3.4. CITY	- 51			llahassee F1 32301			
10	Lf					DELETE	7	4.1 TITLE	_			Change Addition			
NA.	ME							4. 2 NAN	lE.	}					
1	REET ADDRESS						ŀ	4.3 STRE	ET AI	DDRESS					
 							4.4 CITY-ST-ZIP								
111				_				5.1 TITLE				☐ Change ☐ Addition			
NA O								5.2 NAM							
)	REET ADDRESS	•					Į	5.3 STRE		1					
CIT	Y - \$1 - ZIP					DELETE	-₽	5.4 CITY 6.1 TITLE		ZIP		Change Addition			
NA						_ occur	ı	6.2 NAM		}		Number			

14. I heroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE

STREET ADDRESS

CITY - ST - ZIP

MONATURE APPLY TO OR PRINTED HAME OF BIGNING OFFICER OR PINECTOR

4/14/98

850-878-4995