## 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

## DOCUMENT # **P97000046318**1. Corporation Name

CAPITAL CITY AIR INC.

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90005 048 \*\*\*150.00



Principal Place	of Business	Mailing Address				( LEELSEEL		
668-11 CAPITAL CIRCLE NE TALLAHASSEE FL 32301		668-11 CAPITAL CIRCLE NE TALLAHASSEE FL 32301			DO NOT WRITE IN T	THE SDACE		
					_	3. Date Incorporated or Qualifed	HIS SPACE	
					- 1	06/01/1997		
2 Principal Pl	are of Rusiness	2a. Mailing Address				4/ES Number	C	plied For
2. Principal Place of Business		26				(39-8449052 59-34440	$\sim$ ) $\vdash$	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27	27			5. Certificate of Status Desired — 🔲 _	Fee R	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip Country		Žip Country			8. This corporation owes the current year	r Intangible ☑ Yes	□No	
24	25	29 30				Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name		IV. Halle and Address of New Register	rea Agent	
PRF:	STAGE, JANA J	•						
668-11 CAPITAL CIRCLE NE			82	Street	t Address	(P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301		83					<del></del>
						· · · · · · · · · · · · · · · · · · ·	1	
			84	City		Į	FL 85 Zip	Code
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			nt signature	required who			DE IN 12
12.	OFFICERS AN		TITLE		Т	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PROTECTAGE EDGAR E ID	<del></del>	NAME		1			
NAME	PRESTAGE, EDGAR E. JR 1307 KINGS DRIVE			T ADDRESS				
STREET ADDRESS	TALLAHASSEE FL 32301		CITY-S		<b>'</b>			
CITY-ST-ZIP TITLE	V		TITLE	11-21:			☐ Change	Addition
NAME	JACKSON, JAY C.	_	NAME					
STREET ADDRESS	8031 CHRISTINA ROAD	23	STREE	T ADDRESS	<u> </u>			
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.	4 ČĨŤY-S	T-ZIP		- <del></del>	-	
TITLE	ST	DELETE 3.	TITLE				☐ Change	☐ Addition
NAME	PRESTAGE, JANA J.	3.3	NAME		1			1
STREET ADDRESS	1307 KINGS DRIVE	3.3	STREE	T ADDRESS	3			
CITY-ST-ZIP	TALLAHASSEE FL 32301		LCITY-S	ST-ZIP				
TITLE		DELETE 4:	TITLE				Change	Addition
NAME			2 NAME					Ì
STREET ADDRESS		4.	STREE	T ADDRESS	\$			l
CITY-ST-ZIP			CITY-S	IT-ZIP	<del> </del>		Channa	Addition
TITLE			5.1 TITLE 5.2 NAME		į	~_	☐ Change	Addition
NAME				T ADDRESS				Ì
STREET ADDRESS			CITY-S		1			
CITY-ST-ZIP			TITLE	I - ZIF	+		☐ Change	Addition
TITLE			NAME				_ one go	
NAME STREET ADORESS	<b>《沙西斯·斯里尔夏沙斯</b> 》			T ADDRESS	,			
STREET ALKINESS		• • • • • • • • • • • • • • • • • • • •		T-7IP	1			1

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, with all other like empowered.

SIGNATURE: