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 # **P97000051900 (3)**

AIRSPORT SKYDIVING, INC.

FILED
May 13 1998 8:00am
Secretary of State

| Principal Place of Business Mailing Address | | | | | |
|---|---|--|---|-----------------------------------|--|
| 1211 N. CENTER ST. | | | 1211 N. CENTER ST. | | |
| PERRY FL 32347 | | | PERRY FL 32347 | | DO NOT MOTE IN THIS STACE |
| ŀ | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | | 06/10/1997 |
| 2. Principal Place of Business 2a. Mailing Address | | | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | | 26 | | 59 3460626 Not Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | SR 75 Additional | |
| 22 | | | 27 | | 5. Certificate of Status Desired Fee Required |
| | City & State | e | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | Trust Fund Contribution Added to Fees |
| Ь | Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25 | 29 3 | 0 | Personal Property Tax due June 30. XX Yes No |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name and Address of New Registered Agent | | | | | |
| CORPORATION SERVICE COMPANY | | | | | Scott Keelen |
| 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 82 Street A | Address (P.O. Box Number is Not Acceptable) |
| | 174 | MINUSSEE FL 32301-2323 | | 83 | [A]) N CENTER SI. |
| [| | | | | |
| | | | | 84 City | PENRY FL 85 Zip Code 32347 |
| 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. | | | | | |
| agent, i am lamitar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE SCHOOL 2/12/98 | | | | | |
| 12 | | Signature, typed or printed name of registered | agent and title if application (NOTE F AND DIRECTORS | Registered Agent signature of 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITE | | D | DELETE | 1.1 ToTLE | Change Addition |
| NAA | · · | KEELER, SCOTT | | 1.2 NAME | Pared T MATTICE |
| | EET ADDRESS | 1211 N. CENTER ST. | | 1.3 STREET ADDRESS | 1211 N. CENTERST. |
| | Y-ST-ZIP | PERRY FL 32347 | | 1.4 CITY-ST-ZIP | PERRY EL 32347 |
| TITL | | | DELETE | 2.1 TiTLE | Pavid J MATTICE 121 N. CENTERST, PENRY FL 32347 Change Addition |
| NAI | AE . | | | 2.2 NAME | |
| STR | EET ADDRESS | | | 2.3 STREET ADDRESS | |
| CIT | /-ST-ZIP | | | 2. 4 CITY - S1 - ZIP | |
| TITE | Æ | | DELETE | 3.1 TITLE | Change Addition |
| NAN | AE | | | 3.2 NAME | |
| STR | eet address | | | 3.3 STREET ADDRESS | |
| $\overline{}$ | r-st-zip | | | 3.4. CITY - ST - ZIP | |
| TITL | | | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAA | | | | 4 2 NAME | |
| 1 | EET ADDRESS | | | 4.3 STREE1 ADDRESS | |
| | r-ST-ZIP | | DELETE | 4.4 CITY+ST-ZIP | Change Addition |
| TITL | | | ☐ Ntreit | 5.1 TITLE 5.2 NAME | Li change Li Addition |
| NAM | | | | | |
| | EET ADDRESS | | | 5.3 STREET ADDRESS | |
| TITL | Y-ST-ZIP | | DELETE | 5.4 C(TY - ST - ZIP 6.1 TITLE | ☐ Change ☐ Addition |
| , | - | | First Parret | ■ •··· · · · · · · · · · · · · | C comits D Material |

14. Thereby 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.

2 NAME

CIGNATURE.

STREET ADDRESS CITY-ST-ZIP

Dought hammer

2/12/98

801-584-4313