

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90173 025 ***150.00

DOCUMENT # P97000051900

1. Corporation Name
AIRSPORT SKYDIVING, INC.

Principal Place of Business
1211 N. CENTER ST.
PERRY FL 32347

Mailing Address
1211 N. CENTER ST.
PERRY FL 32347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

59-3460626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCOTT KEELER
1211 N. CENTER ST.
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name David J. MATTICE
82 Street Address (P.O. Box Number is Not Acceptable)
213 PINELAND ST.
83
84 City PERRY 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.

SIGNATURE *David J. Mattice*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE B. V. ☐ DELETE
NAME KEELER, SCOTT
STREET ADDRESS 1211 N. CENTER ST.
CITY-ST-ZIP PERRY FL 32347

TITLE B. T. ☐ DELETE
NAME MATICE, DAVID J.
STREET ADDRESS 1211 N. CENTER ST.
CITY-ST-ZIP PERRY FL 32347

TITLE DOUG K. SHUGAR, MD. ☐ DELETE
NAME
STREET ADDRESS 290 N. HELEN ST.
CITY-ST-ZIP PERRY FL 32347

TITLE S. ☐ DELETE
NAME MICHELLE C. SHUGAR
STREET ADDRESS 290 N. HELEN ST.
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

David J. Mattice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 880-581-2778
Date Daytime Phone #

CR2E034 (1/98)