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 # P97000070284 (9)

AIRSHIP RESOURCES, INC.

Principal Place of Business

Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



13291 S.E. 8 MORRISTON		13291 S.E. BOTH STREET MORRISTON FL 32668	13291 S.E. 80TH STREET MORRISTON FL 32668			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 08/13/1997		
,	Place of Business	2a. Mailing Address	├ ── ₁ -			4. FEI Number Applied For	\Box	
21 Cuite Act	# oto	26				59-346 3 374 Not Applicat)le	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28	Coun			Trust Fund Contribution	4	
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes No		
27	9. Name and Address of Curre					10. Name and Address of New Registered Agent	\dashv	
CARNEY, BRUCE					Name	9		
	55 WEST GULF TO LAKE HIGH	WAY	82 Street Ad		Chron	ddraes (P.O. Bay Number is blet Acceptable)		
	NTE 2	****	82 Street		Street	t Address (P.O. Box Number is Not Acceptable)		
	RYSTAL RIVER FL 34429		Ī	В3				
			ī	B4	City	FL 85 Zip Code	\dashv	
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 Stgnature, typod or printed name of registered agent and tire if applicable (NO1E: Registered Agent signature required when reinstating) DATE								
12.		ID DIRECTORS	13.	Age	iii şiğriatüre	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.5 THTU	.E		☐ Change ☐ Addition	on :	
NAME	HOFFECKER, RICHARD A JI	7	1.2 NAS	ИĚ				
STREET ADDRESS	13291 S.E. 80TH STREET		1.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	MORRISTON FL 32668		1.4 CITY-ST-ZIP		r-ZIP			
TITLE	D DELETE		2.1 TITL	2.1 TITLE		☐ Change ☐ Addition	n c	
NAME	HOFFECKER, MARY C		2.2 NAN	2.2 NAME				
STREET ADDRESS	13291 S.E. 80TH STREET		2.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	MORRISTON FL 32668		2. 4 CIT		T-ZIP			
TITLE		☐ DELETE	TE 3.1 TITU			Change Addition)n	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STR	EET A	ADDRESS			
City-St-ZIP			_	3.4. CITY-ST-ZIP			_	
TITLE		L DELETE	4.1 TITE			Change Addition	λN .	
NAME			4. 2 NA				- 1	
STREET ADDRESS					address			
CITY-ST-ZIP		DOLLAR	4.4 CITY		- ZIP		_	
TITLE		☐ DELETE	5.1 TITL			Change Addition	ın	
NAME PAREST ARRESTO			5.2 NAN					
STREET ADDRESS			5.3 STREE		- 1			
CITY-ST-ZIP		☐ DELETE	5.4 CITY		- ZIP	Change Addition	_	
TITLE		☐ DETEIG	6.1 TITLE			LJ Change LJ Additio	JI 8	
NAME PERCET ADDRECC			6.2 NAM	STREET ADDRESS				
STREET ADDRESS					i			
14. I hereby c	pertify that the information supplied v	vith this filing does not qualify fo	6.4 CITY			red in Section 119 07(3)(i) Florida Statutes I further certify that the information	\dashv	
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 3 if changed, or on an attachment with an address.								