

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Moghann**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000083293 (5)**

1. Corporation Name  
**FLIGHTLINE GAINESVILLE, INC.**

Principal Place of Business  
**3256 CAPITAL CIRCLE S.W.  
TALLAHASSEE FL 32310**

Mailing Address  
**3256 CAPITAL CIRCLE S.W.  
TALLAHASSEE FL 32310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1997</b>	
21		26		4. FEI Number <b>59-2774843</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		Country	
24		29		Country	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LANGSTON, C D 3256 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGSTON, PAUL M			1.2 NAME			
STREET ADDRESS	3256 CAPITAL CIRCLE S.W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			1.4 CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGSTON, C D ASST.			2.2 NAME			
STREET ADDRESS	3256 CAPITAL CIRCLE S.W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGSTON, CARMEN			3.2 NAME			
STREET ADDRESS	4533 ANDRES JACKSON WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLE, DENNIS O			4.2 NAME			
STREET ADDRESS	3110 CAPITAL CIRCLE N.E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGFORD, A L			5.2 NAME			
STREET ADDRESS	POST OFFICE BOX 2235			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32316			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGFORD, GEORGE R			6.2 NAME			
STREET ADDRESS	837 LAKE RIDGE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			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.

SIGNATURE:

*[Signature]*  
**RECEIVED**

CR2E034 (10/97)