## 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 FILED

Jan 20 1998 8:00am

Secretary of State

DOCUMENT # 1. Corporation Name

P97000092637 (2) PLANTATION AVIATION, INC. Principal Place of Business Mailing Address 208 LAUREL LANE 208 LAUREL LANE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Proporty Tax due June 30. X Yos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DILLINGHAM, PHILLIP I 217 PONTE VEDRA PARK DR. 82 PONTE VEDRA BEACH FL 32082 83 84 id 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607 office or register column, or both, in the STOVEN SIGNATURE coursed when reinstalings OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE TITLE 1.1 1111.8 \_\_\_ Change Addition SYEUDY C. KOEGLER NAME 1.2 NAME 208 LAUNEL LANG STREET ADDRESS 1.3 STREET ADDRESS PANTE VERMAN BON., CHTY-ST-ZIP 1.4 CI1Y - \$1 - ZIP DELETE Addition THEF 2.1 THILE Change NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DETELE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3 4. CITY - ST - 7IP DEFFE TITLE 4.1 THLE \_\_\_ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - S1 - 2IP DLIETE Change TITLE 5.1 TO LE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE MILE 61 HILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 convergion or the receiver or the exemption of the convergion or the receiver or the exemption of the convergion or the receiver or the exemption of the convergion or the receiver of the exemption of the convergion or the receiver or the exemption of the convergion or the receiver of the exemption of the convergion or the receiver of the exemption of the convergion of the exemption of the exem