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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025413

Corporation Name

Principal Place of Business

BREEZE AVIATION, INC.

1999

310 DOLPHIN ST. GULF BREEZE FL 32561		310 DOLPHIN ST. Gulf Breeze fl. 32561		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/18/1998		
2. Principal Place of Business 2a. Mailing Address 2f.					4. FEI Number 59 - 3497934	App Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				-	5. Certificate of Status Desired	\$8.75 A	l II
City & State City & State 23 28					Election Campaign Financing Trust Fund Contribution	□ \$5.00 MAdded to	
Zip 24	Country 25	Zip 29 3	Country 30		This corporation owes the current Personal Property Tax.	☐Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	IONTH, RICHARD E		81 82	Name	ress (P.O. Box Number is Not Acceptable	<u> </u>	
217 A. EAST INTENDENCIA ST. PENSACOLA FL 32501			83	Street Add	iress (F.O. Dox Number is Not Acceptable	,	
			84	City	<u> </u>	85 Zip C	ode
					poration submits this statement for the pur	FL	
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	itions of, Section 607.0505, Flori	da Statutes		ion's board of directors. I hereby accept the	DATE DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ROCHE, JOHN		1.2 NAME				1
STREET ADDRESS	310 DOLPHIN STREET		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561		1,4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	ROCHE, DEBORAH 22N		2.2 NAME				1
STREET ADDRESS	A . A . D . C . D . W . A . D . C . C . C . C . C . C . C . C . C		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561 2.4		2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.11		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			ļ
CITY-ST-ZIP		□ NCIETE	4.4 CITY-5	T-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			ontarige	
NAME			1	T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	. 411		☐ Change	Addition
1		_ 5222,2	6.2 NAME		·		
NAME STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP			6.4 CITY-S				
OR LEGITAL I			_				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OR SIGNING OFFICER OR DI

R2E034 (11/98)

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90182 046 ***150.00