

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90034 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000041028

1. Corporation Name
FUTURE FIRST AVIATION, INC.



Principal Place of Business
5000 SAWGRASS VILLAGE CIRCLE
SUITE 23
PONTE VEDRA BEACH FL 32082

Mailing Address
5000 SAWGRASS VILLAGE CIRCLE
SUITE 23
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

59-3512680

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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.

X No

2. Principal Place of Business

21 814 HIGHWAY A 1A

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 PONTE VEDRA BCH, FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 814 HIGHWAY A 1A

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 PONTE VEDRA BCH, FL

Zip

29 32082

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

WHITE, CHRISTOPHER A

82 Street Address (P.O. Box Number is Not Acceptable)

814 HIGHWAY A 1A

83

SUITE

84 City

PONTE VEDRA BCH

FL

85 Zip Code

32082

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

Christopher A. White

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STELK, RANDY
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE
NAME SWEENEY, WILLIAM
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE
NAME KEAVENEY, FRANK
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE
NAME ANDERSON, ALAN
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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 P ☒ Change ☐ Addition
1.2 NAME STELK, RANDY
1.3 STREET ADDRESS USE ADDRESS IN # 2
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME SWEENEY, WILLIAM
2.3 STREET ADDRESS USE ADDRESS IN # 2
2.4 CITY-ST-ZIP

3.1 TITLE TS ☒ Change ☐ Addition
3.2 NAME ANDERSON, ALAN H.
3.3 STREET ADDRESS USE ADDRESS IN # 2
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME KEAVENEY, FRANCIS
4.3 STREET ADDRESS USE ADDRESS IN # 2
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:

ALAN ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

904-285-8900

Daytime Phone #

CR2E034 (11/98)