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Secretary of State

03-05-1999 90090 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046820

1. Corporation Name

SKYRUNNER FLIGHT SERVICES, INC.

Principal Place of Business

MARRIOTT HOTEL - SUITE A-34
TAMPA INTERNATIONAL AIRPORT
TAMPA FL 33706

Mailing Address

MARRIOTT HOTEL - SUITE A-34
TAMPA INTERNATIONAL AIRPORT
TAMPA FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59 3513155

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

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2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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9. Name and Address of Current Registered Agent

DECESARE, JOSEPH P
14977 NEWPORT ROAD
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

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

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84 City

FL

85 Zip Code

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETENAME **JOSEPH P. DECESARE**STREET ADDRESS **14977 NEWPORT RD**CITY-ST-ZIP **CLEARWATER, FL 33764**TITLE **VICE PRESIDENT** ☐ DELETENAME **NICHOLAS DECESARE**STREET ADDRESS **190 PHILIPPE LANDING**CITY-ST-ZIP **SAFETY HARBOR, FL 34695**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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: *Joseph P. Decesare*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 18, 1999

727-531-4563

CR2E034 (11/98)