

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90153 018 \*\*\*150.00

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DOCUMENT # P98000065205

1. Corporation Name  
ST. ANDREWS AVIATION INC.

Principal Place of Business  
1029 BAY CIRCLE DR.  
PANAMA CITY BCH FL 32407

Mailing Address  
1029 BAY CIRCLE DR.  
PANAMA CITY BCH FL 32407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

593531125

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$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. ☐ Yes ☒ No

2. Principal Place of Business

21 1029 Bay Circle Dr.

Suite, Apt. #, etc.

22

City & State

23 Panama City Bch FL

Zip

24 32407

Country

25 US

2a. Mailing Address

26 P O Box 18533

Suite, Apt. #, etc.

27

City & State

28 Panama City Bch FL

Zip

29 32417-8533

Country

30 US

9. Name and Address of Current Registered Agent

DOZIER, CHARLES  
1029 BAY CIRCLE DR.  
PANAMA CITY BCH FL 32407

10. Name and Address of New Registered Agent

81 Name

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

83

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

*Charles Dozier*

(NOTE: Registered Agent signature required when reinstating)

4/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DOZIER, CHARLES  
STREET ADDRESS 1029 BAY CIRCLE DR.  
CITY-ST-ZIP PANAMA CITY BCH FL 32407

TITLE D ☐ DELETE  
NAME JOHNSON, DANA L  
STREET ADDRESS 16208 SKY AVE.  
CITY-ST-ZIP PANAMA CITY BCH FL 32413

TITLE D ☐ DELETE  
NAME LATIOLAIS, LISA  
STREET ADDRESS 1029 BAY CIRCLE DR.  
CITY-ST-ZIP PANAMA CITY BCH FL 32407

TITLE D ☐ DELETE  
NAME JOHNSON, EDWINA L  
STREET ADDRESS 16208 SKY AVE.  
CITY-ST-ZIP PANAMA CITY BCH FL 32413

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:

*Charles Dozier*

4/8/99

850233 1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)