2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 02, 2000 8:00 am Secretary of State DOCUMENT # P9900006268 DESTIN AIR, INC. 05-02-2000 90149 024 ***158.75 Principal Place of Business Mailing Address POST OFFICE BOX 477 POST OFFICE BOX 477 GULF BREEZE FL 32562 **GULF BREEZE FL 32562-0477** 2. Principal Place of Business 3. Mailing Address 113 N PALAFOX Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Pensazola City & State 4. FEI Number Applied For 59 - 3559483 Not Applicable Zip 2501 **\$8.75** Additional Fee Required Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDSON, JOHN M. HUDSON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1101 GULF BREEZE PARKWAY **GULF BREEZE FL 32561** N LOOP PENSALOIA 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. egistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SIT ☐ Addition Change TITLE ☐ Delete TITLE M WHOL, noROWH NAME HUDSON, JOHN M NAME 9500 NORTH LOOP ROLAD STREET ADDRESS STREET ADDRESS 9500 NORTH LOOP ROAD CITY-ST-ZIP CITY-ST-ZIP PENSAZOLA, FL 32507 PENSACOLA FL 32507 Change ☐ Delete ☐ Addition TITLE TITLE Hupson, Byron M NAME HUDSON, BRYON M 7459 Bay wood Lane STREET ADDRESS STREET ADDRESS 7459 BAYWOOD LANE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32504 PENSACOLA FL 32504 ☐ Delete Addition TITLE TITLE Jensen, CARL T. NAME NAME 2422 West Bayshore ROAD STREET ADDRESS STREET ADDRESS Gulf Breeze, FL 32561 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

FILED