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

DOCUI	MENT # S37683					}				
 Corporation 	r AIR SERVICES, INC.								0:00 0:0 10 0:011	
Principal Place	e of Business	Mailing Address					4	IUIUU RIIR DIURI		4 6 6
106 AMBIENT AIR WAY 106 AMBIENT AIR WAY			WAY							
starke fl 320 US	191	STARKE FL 32091 US					DO NOT WE	RITE IN THI	S SPACE	
US		00				3	3. Date Incorporated or Qualife			
							03/08/1991			
2. Principal P	lace of Business	2a. Mailing Address				4	4. FEI Number 59-3055513			plied For
Suite, Apt.	# ota	Suite, Apt. #, etc.				-	29-3022213			ot Applicable Additional
22 Suite, Apr.	π, σιο.	27			5	5. Certifcate of Status Desired	□		equired	
City & Stat	е	City & State				6	6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip ──┐	Country Zip			Country			This corporation owes the cu	rrent year l	ntangible □ Yes	□No
24]	9. Name and Address of Current	Pagistered Agent	Stered Agent			10	Personal Property Tax. D. Name and Address of New	Registere		
	5. Name and Address of Curent	registered Agent		81	Name			7		
JOSEPH L. COOKSEY JR				82	Street A	treet Address (P.O. Box Number is Not Acceptable)				
2356 CASEY LANE					52 Street Address (1.0. Box Humber is Not Acceptable)			M-445 M-24-4 M-4411		
GREEN COVE SPRINGS FL 32043				83						
				84	City	FL			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office of registered agent, or both, in the State of Florida. Such change was aut					p-named co	ornoratio	on submits this statement for th		f changing its	registered
office of r	egistered agent, or both, in the State of	f Florida. Such chan	ge was authorize	d by	the corpor	ation's t	board of directors. I hereby acc	ept the app	ointment as re	gistered
	m familiar with, and accept the obligati	ons or, Section 607.	1303, FIDRICA SIA	lules	•		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Ager	nt signature req	uired wher		DATE		
12.	OFFICERS AND		13. LETE 1.1 T				ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	COOREEA TOSEBRIT IB	DELETE							☐ Change	☐ Addition
NAME	COOKSEY, JOSEPH L., JR. 2356 CASEY LANE			AME	Ī					
STREET ADDRESS	CDEEN COVE CODINGS EL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	ST	□ D	LETE 2.1 T						Change	Addition
NAME	SHOLTES, DAVID C			2.2 NAME						
STREET ADDRESS	DDRESS 9113 NW 176TH TERRACE			2.3 STREET ADDRESS						
CITY-ST-ZIP	ALACHUA FL			2. 4 CITY-ST-ZIP				-		
TITLE	MP, conserve	□ D	ELETE 3.1 T						☐ Change	☐ Addition
NAME				3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	2072 NW 14TH AVENUE GAINESVILLE FL						· 建筑的建筑			
CITY-ST-ZIP	WANTED FILLE I L			OTY-5) 1- ZIP			2-14 (L. 199) 10 - 2 - 1 - 1	Change	Addition
NAME AND ROOM -		-	4.01	VAME						
STREET ADDRESS				TREET	TADDRESS					
CITY-ST-ZIP				лү-ѕ	T-ZIP					F-10.1
TITLE			LETE 5.1 T		.		200100		☐ Change	Addition
NAME		• •		IAME	T ADDRESS		ATTA MI			
STREET ADDRESS			■ 0.3 3	······································	1 UPD 1					

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 attachfient with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

2350 JASON UKR

GREEN COURSE TO SEE A

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

II FOOTING C. Sholles

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90022 032 ***150.00

904-964-8440

Change

☐ Addition