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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S59592

(3)

SUNCOAST FLYING SERVICES. INC.

FILED										
Apr	15	1997	8:00am							
Se	cre	tary o	f State							

Principal Place of Business Mailing Address 1000 N. HERCULES 1000 N. HERCULES MAINTENANCE HANGAR MAINTENANCE HANGAR CLEARWATER FL 34625 CLEARWATER FL 34625-1916											
								3. Date Incorporated or Qualified			
2.	Principal Place of Business	2	a, Mailing Address			***************************************		FEI Number		Applied For	
21		26					<u> </u>	59-3067243		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required		
23	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
24		Country 29		CO: 1	ntry		6.	This corporation has liability for in Florida Statutes	itangible tax und Yes 🏻 No	er s. 199.032,	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	WILBER, CHARLES			i	81	Name	_	·			
7590 16TH AVE. N. St. Petersburg Fl -34625 - 3 37 / 0					82	Street Addres	et Address (P.O. Box Number is Not Acceptable)				
• · · · • · · · · · · · · · · · · · · ·					83	<u></u>					
					84	City			FL 85	33910	
11	1. Pursuant to the provisions	of Sections 607.0502 and	607.1508, Florida Statut	es, the al	XVE	named corpor	ratio	n submits this statement for the pu	rpose of changi	ng 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 Segreture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WILBER, CHARLES 1.2 NAME NAME 7590 18TH AVE. N. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE WILBER, JUSTIN 2.2 NAME NAME 7590 16TH AUE. N 3378 HARBOR PLACE 2.3 STREET ADDRESS STREET ADDRESS ST PETERS BURG, FL 33710 LARGO FL 2.4 CITY-ST-ZIP City-S1-7IP Change Addition DELETE 3 1 TITLE WILBUR, JUSTIN NAME 3.2 NAME WILBER , JUSTIN 7590 18TH AVE. N STREET ADDRESS 3.3 STREET ADDRESS ST. PETE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE 4.1 TITLE ☐ Addition TITLE TD WILBER, MARIE 4.2 NAME NAME 7590 18TH AVE. N. STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADORESS** STREET ADDRESS

14. If do hereby certify that the information supplied with this filling 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 12 or Block 12 or not an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

813-447-8122

Daytime Phone #