

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

RECEIVED MAY 1 1995

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # **F93000005859 (4)**

1. Corporation Name
HYANNIS AIR SERVICE, INC.

Principal Place of Business: **BARNSTABLE MUNICIPAL AIRPORT
HYANNIS MA 02601**
Mailing Address: **BARNSTABLE MUNICIPAL AIRPORT
HYANNIS MA 02601**

DO NOT WRITE IN THIS SPACE

3. Date for preparation of financial statements 12/27/1993	3a. Date of Last Report 08/08/1994
4. FEI Number 04-3005476	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has applied for discharge tax under Section 203.03 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2b. Mailing Address 261
22. State App # of 22	27. County App # of 27
23. City & State 23	28. City & State 28
24. Corp. No. 24	25. Secretary No. 25
29. Director No. 29	30. Shareholder No. 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. State
B5. Zip Code

11. Pursuant to the provisions of Sections 607.0542 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
PD WOLF, DANIEL A 168 MAIN STREET NORTH HARWICH MA		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	Charles R. Harris 241 Maple St West Barnstable, MA 02668
TD WILSON, GRANT M 201 CONCORD ST. CARLISLE MA		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
SD STEWART, CRAIG W 154 SUDBURY LN. HYANNIS MA		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NO TITLE MADEIROS, MICHAEL D RFD Box 328 Edgartown, MA
D ARSDALE, JOHN C 3333 RUM ROW NAPLES FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
D LUENING, J D 75 HIGHWAY CHAPPAQUA NY		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	Director JD Luening 1033 Fearrington Post Fearrington Village, NC
D MADEIROS, MICHAEL D R.F.D. BOX 328 EDGARTOWN MA		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply to the exemption provided in Section 119.077 of the Florida Statutes. I further certify that the information furnished on this report is true and correct and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, I have read the report and understand the contents thereof. I have signed this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 1 of the Certificate of Incorporation of the corporation with an address.

SIGNATURE: *Grant M Wilson* Grant M Wilson 4/28/95 617 231-9640