

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **12/27/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **04-3005476**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 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  
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: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature requires when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, DANIEL A	1.2 NAME	Stewart, Craig
STREET ADDRESS	168 MAIN STREET	1.3 STREET ADDRESS	154 Sudbury Lane
CITY-ST-ZIP	NORTH HARWICH MA 02645	1.4 CITY-ST-ZIP	Hyannis, MA 02601
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, GRANT M	2.2 NAME	Charles Harris
STREET ADDRESS	201 CONCORD ST.	2.3 STREET ADDRESS	39 Maple St.
CITY-ST-ZIP	CARLISLE MA 01741	2.4 CITY-ST-ZIP	W. Barnstable, MA 02668
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEIROS, MICHAEL D.	3.2 NAME	
STREET ADDRESS	RFD BOX 328	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGARTOWN MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSDALE, JOHN C	4.2 NAME	VanArsdale, John C.
STREET ADDRESS	3333 RUM ROW	4.3 STREET ADDRESS	3333 Rum Row
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUENING, J D	5.2 NAME	
STREET ADDRESS	1033 FEARRINGTON POST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FEARRINGTON VILLAGE NC 27312	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEIROS, MICHAEL D	6.2 NAME	
STREET ADDRESS	R.F.D. BOX 328	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDGARTOWN MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Grant M. Wilson Grant M. Wilson 3/12/96 617-237-9640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)