

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

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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: **03/19/1996**  
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 BARNSTABLE MUNICIPAL AIRPORT**  
2a. Mailing Address: **26 660 Barnstable Rd., Barnstable Mun. Airport**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 Hyannis, MA**  
24. Zip: **25 02601**      Country: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLF, DANIEL A</b>	1.2 NAME	
STREET ADDRESS	<b>168 MAIN STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH HARWICH MA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, GRANT M</b>	2.2 NAME	
STREET ADDRESS	<b>201 CONCORD ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARLISLE MA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, CRAIG</b>	3.2 NAME	
STREET ADDRESS	<b>154 SUDBURY LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HYANNIS MA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANARSDALE, JOHN C.</b>	4.2 NAME	
STREET ADDRESS	<b>3333 RUM ROW</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUENING, J D</b>	5.2 NAME	
STREET ADDRESS	<b>1033 FERRINGTON POST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FEARRINGTON VILLAGE NC</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, CHARLES</b>	6.2 NAME	
STREET ADDRESS	<b>39 MAPLE ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W. BARNSTABLE MA</b>	6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE: **Daniel A. Wolf**      2/6/97      508-790-3122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)