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May 19 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 # G17061 (4)

1. Corporation Name  
FLIGHT INTERNATIONAL OF FLORIDA, INC.



Principal Place of Business: NEWPORT NEWS/WILLIAMSBURG AIRPORT, NEWPORT NEWS VA 23602  
Mailing Address: NEWPORT NEWS/WILLIAMSBURG AIRPORT, NEWPORT NEWS VA 23602

3. Date Incorporated or Qualified: 12/30/1982  
3a. Date of Last Report: 07/25/1996  
4. FEI Number: ~~50-1497376~~ 54-1592330  
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 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country  
25 Zip Country  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SANDLIN, DAVID E	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT	
CITY-ST-ZIP	NEW PORT NEWS VA	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	RICHMON, WAYNE M	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT	
CITY-ST-ZIP	NEWPORT NEWS VA	
TITLE	VPA	<input type="checkbox"/> DELETE
NAME	REINHART, GARY D	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT	
CITY-ST-ZIP	NEWPORT NEWS VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ANN P	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT	
CITY-ST-ZIP	NEWPORT NEWS VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP/COO
5.3 STREET ADDRESS	Sharp, David R
5.4 CITY-ST-ZIP	Newport News/WMSBRG Airport Newport News VA 23602
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP, Programs
6.3 STREET ADDRESS	Hintze, Ronald M
6.4 CITY-ST-ZIP	Newport News/WMSBRG Airport Newport News VA 23602

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: *Ann P. Campbell* ANN P. CAMPBELL 25 April 1997 757-886-5605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)