

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 014 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G17061

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified			
21	Suite, Apt. #, etc.	26	One Lear Drive	12/30/1982			
22	City & State	27	City & State	4. FEI Number	Applied For		
23	Zip	28	Newport News, VA	54-1592330	Not Applicable		
24	Country	29	23602	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		30	USA	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name		<input type="checkbox"/>			
		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes the current year Intangible Personal Property Tax.			
		83		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
		84 City		FL		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	<input type="checkbox"/> DELETE	1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, DAVID E		1.2 NAME	SANDLIN, DAVID E	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT		1.3 STREET ADDRESS	ONE LEAR DRIVE	
CITY-ST-ZIP	NEW PORT NEWS VA		1.4 CITY-ST-ZIP	NEWPORT NEWS, VA 23602	
TITLE	EVPC	<input type="checkbox"/> DELETE	2.1 TITLE	EVPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMON, WAYNE M		2.2 NAME	RICHMON, WAYNE M	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT		2.3 STREET ADDRESS	ONE LEAR DRIVE	
CITY-ST-ZIP	NEWPORT NEWS VA		2.4 CITY-ST-ZIP	NEWPORT NEWS, VA 23602	
TITLE	VPA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, GARY D		3.2 NAME		
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT NEWS VA		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	X	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ANN P		4.2 NAME	CAMPBELL, ANN P	
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT		4.3 STREET ADDRESS	ONE LEAR DRIVE	
CITY-ST-ZIP	NEWPORT NEWS VA		4.4 CITY-ST-ZIP	NEWPORT NEWS, VA 23602	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTZE, RONALD M		5.2 NAME		
STREET ADDRESS	NEWPORT NEWS/WMSBRG AIRPORT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT NEWS VA 23602		5.4 CITY-ST-ZIP		
TITLE	VPCO	<input type="checkbox"/> DELETE	6.1 TITLE	VPCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, DAVID R		6.2 NAME	SHARP, DAVID R	
STREET ADDRESS	NEWPROT NEWS/WMSBRG AIRPORT		6.3 STREET ADDRESS	ONE LEAR DRIVE	
CITY-ST-ZIP	NEWPORT NEWS VA 23602		6.4 CITY-ST-ZIP	NEWPORT NEWS, VA 23602	

14. I 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, with all other like empowered.

SIGNATURE: *Ann P. Campbell* 4/23/99 757-886-5605
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ann P. Campbell Date Daytime Phone #

CR2E034 (11/98)