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Secretary of State
04-27-1999 90189 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **671628**

1. Corporation Name
KENN AIR CORP.

Principal Place of Business	Mailing Address
4411 NE 46TH DR GAINESVILLE FL 32609 US	4411 NE 46TH DR GAINESVILLE FL 32609 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4451 NE 41ST TERR	2a. Mailing Address 26 4451 NE 41ST TERR	3. Date Incorporated or Qualified 05/29/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2009617 ☐ Applied For ☐ Not Applicable
City & State 23 GAINESVILLE FL	City & State 28 GAINESVILLE FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32609 25 US	Zip / Country 29 32609 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
5608 NW 43RD ST
GAINESVILLE FL 32606

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KENNETH P.		1.2 NAME		
STREET ADDRESS	4411 NE 46TH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES T.		2.2 NAME		
STREET ADDRESS	4411 NE 46TH DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FULLENWIDER, BRENT		3.2 NAME		
STREET ADDRESS	4411 NE 46TH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN NORTWICK, W. A., JR.		4.2 NAME		
STREET ADDRESS	3000 INDEPENDENT SQUARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] BRENT FULLENWIDER 4/20/99 352-373-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)