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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G41763

1. Corporation Name

HOVERCRAFT INDUSTRIES, INC., OF AMERICA

Principal Place of Business

P.O. BOX 590146
ORLANDO FL 32859

Mailing Address

P.O. BOX 590146
ORLANDO FL 32859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

59-2311978

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 808

P.O. Box 808

City & State

City & State

TITUSVILLE, FL

TITUSVILLE, FL

Zip

Country

Zip

Country

32781

USA

32781

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, JOHN

4050 OCEAN BEACH BLVD #207

COCOA BEACH FL 32931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3672 MUIRFIELD DRIVE

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

PD BARRETT, JOHN

STREET ADDRESS

4050 OCEAN BCH BLVD.

CITY-ST-ZIP

COCOA BCH FL

TITLE ☐ DELETE

NAME

D MCCUSKER, WILLIAM

STREET ADDRESS

163 E. DAWN DR.

CITY-ST-ZIP

TEMPE AZ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

407-383-1211

CR2E034 (11/98)