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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name F93000002398 (6)

KINCO AVIATION, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Malling Address								
1229 AIRPORT ROAD PANAMA CITY FL 32405 1229 AIRPORT ROAD PANAMA CITY FL 32405-3527								
					3. Date Incorporated or Qualified 05/21/1993		e of Last R 26/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address	,		4. FEI Number			plied For
21		26		,	59-3076020	-	No	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & Stati		Crty & State			6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip Tij	Country	Zip	Country	y	8. This corporation has liability for		-	. 199.032,
4	25 9. Name and Address of Cur	29 rent Begistered Agent	30		Florida Statutes 10. Name and Address of New R		No	·····
		telit Hedistelen Walit	81	Name	10, Name and Address of New A	egisterau A	gont	
	RENTINO, ANTONY E					···		
	s. Navy BLVD Isacola FL 32507		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
PEN	ISACODA PL SESU!		83	d				
			-	<u> </u>			last 7.	0-4-
			84	City		FL	65 Zip	Code
agent Tal	Sea make the color printed name of registered	ager Lano title if applicable (Ni	OTE: Registered Ap	eni signalurė regu	ired when reinstating)	DATE		
SIGNATURE	Signatus: apad or printed name of registered			eni signalurė requ	ired when reinstaling) ADDITIONS/CHANGES TO OFF		DIRECTOR	9S IN 12
SIGNATURE	OFFICE RS.	agert and title if applicable (N- AND DIRECTORS DELETE	OTE: Registered Ag	jeni signalurė requ	ired when reinstaling) ADDITIONS/CHANGES TO OFF		DIRECTOR	
SIGNATURE 12.	A 1	AND DIRECTORS	13.					
SIGNATURE 12. TITLE NAME	OFFICERS CPS HOWARD, KINLEY W 1229 AIRPORT RD	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME					
SIGNATURE 12. TILE NAME STREEL ADDRESS OTY, S1-729	OFFICERS. CPS HOWARD, KINLEY W 1229 AIRPORT RD PANAMA CITY FL 32405	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-	T ADDRESS			Change	Addition
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SIGNATURE 12. HILE HAME STREEL ADDRESS CITY ST-729 THLE NAME STREEL ADDRESS CITY ST-749	OFFICERS. CPS HOWARD, KINLEY W 1229 AIRPORT RD PANAMA CITY FL 32405 VCVT HOWARD, JUDITH R 1229 AIRPORT RD	AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREE 1.4 CHY-: 21 TITLE 2.2 NAME 2.3 STREE 2.4 CHY-: 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 4.4 CHY-	T ADDRESS ST-ZIP T ADDRESS -ST-ZIP FT ADDRESS -ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFF		Change Change Change	Addition
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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 control