

2000 UNIFORM BUSINESS REPORT (UBR)

0059409

DOCUMENT # F93000002398

Entity Name
KINCO AVIATION, INC.

FILED
00 OCT 27 AM 9: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1229 AIRPORT ROAD **1229 AIRPORT ROAD**
PANAMA CITY FL 32405 **PANAMA CITY FL 32405-3527**

2. Principal Place of Business 3. Mailing Address
Suite, Apt., #, etc. Suite, Apt., #, etc.

City & State City & State
Zip Country Zip Country

REINSTATEMENT **00**
DO NOT WRITE IN THESE SPACES
4. FEI Number **59-3076020**
Applied For Not Applied **SP**

6. Name and Address of Current Registered Agent
FIorentino, ANTONY E
105 S. NAVY BLVD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent
Name **KINLEY W. HOWARD**
Street Address (P.O. Box Number is Not Acceptable)
1229 Airport Rd
City **Panama City** FL Zip Code **32405**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE **KINLEY W. HOWARD, Pres** **10/26/00**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS HOWARD, KINLEY W 1229 AIRPORT RD PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVT HOWARD, JUDITH R 1229 AIRPORT RD PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003470927-2 -11/20/00--01133--004 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KINLEY W. HOWARD** **8/15/00** **880 913-0712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)