

# 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

1229 AIRPORT ROAD  
PANAMA CITY FL 32405

Mailing Address

1229 AIRPORT ROAD  
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

4. FEI Number

59-3076020

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIORENTINO, ANTONY E  
105 S. NAVY BLVD  
PENSACOLA FL 32507

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, President

(NOTE: Registered Agent signature required when reinstating)

DATE 10/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPS  
NAME HOWARD, KINLEY W  
STREET ADDRESS 1229 AIRPORT RD  
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700003470927--2  
CITY-ST-ZIP -11/20/00--0113--004

TITLE VCVT  
NAME HOWARD, JUDITH R  
STREET ADDRESS 1229 AIRPORT RD  
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*750.00 ☐ Change ☐ Addition  
CITY-ST-ZIP \*\*\*\*\*750.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

Date

880913-0712

Daytime Phone #

CR2E034 (9/99)