

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000006145

1. Corporation Name

KITTY HAWK KITES, INC.

Principal Place of Business

PO BOX 1839
NAGS HEAD NC 27959

Mailing Address

PO BOX 1839
NAGS HEAD NC 27959

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90004 046 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

56-1676554

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

9. Name and Address of Current Registered Agent

MORRISON, ROBERT W
390 N. ORANGE AVE. SUITE #1630
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PC
HARRIS, JOHN M
418 BARRACUDA DR.
NAGS HEAD NC 27959

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WEAVER, H. B III
307 S. MEMORIAL
KILL DEVIL HILLS NC 27948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
POTTER, ANNA M
402 W. HELGA ST.
KILL DEVIL HILLS NC 27948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ALEXANDER, ROLAND
723 VIRGINIA DRIVE
ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
POWELL, VIC
4425 MEDFORD DR.
ANNANDALE VA 22003-5615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUFFIN, J B
403 SOUTH ACADEMY ST.
AHOSKIE NC 27910

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)