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

Mailing Address PO BOX 1839

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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

04-22-1999 90004 046 \*\*\*158.75

Daytime Phone #

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000006145

PO BOX 1839

Principal Place of Business

KITTY HAWK KITES, INC.

**AHOSKIE NC 27910** 

CITY-ST-ZIP

SIGNATURE:

NAGO READ NO	, 2/303	MAGG HEAD NO 27009		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		
	•				11/05/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			56-1676554		Not Applicable
Suite, Apt. 1	#, etc	Suite, Apt., #, etc.	. *	-	5. Certificate of Status Desired		<b>5</b> Additional e Required
City & State		City & State			6. Election Campaign Financing	\$5.	<b>00</b> May Be
23		28			Trust Fund Contribution		ied to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year t	ntangible	
24	25	29 3	أ أ		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	<del></del> -		10. Name and Address of New Registere	d Agent	
-			81	Name			
	rison, robert w			4 B d	dress (P.O. Box Number is Not Acceptable)		
390 N. ORANGE AVE. SUITE #1630			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
ORLA	ANDO FL 32801		83				
	*						
	•		84	City	F	85	Zip Code
:-		and 607 1509 Florida Statutas	the above	named cor	poration submits this statement for the purpose	<b>—</b> 1 1	a its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auti	norizea by	tne corporat	ion's board of directors. I hereby accept the app	ointment a	s registered
	n familiar with, and accept the obligati	ions of, obclion oor loods, hond	a otatotos	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
TITLE	PC	☐ DELETE	1.1 TITLE			Cha	
NAME	HARRIS, JOHN M		1.2 NAME				
	418 BARRACUDA DR.			TADDRESS			
STREET ADDRESS	NAGS HEAD NC 27959						
CITY-ST-ZIP	S	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		☐ Cha	nge Addition
TITLE		- Deterie				_	· –
NAME	WEAVER, H. B III		2.2 NAME		تنسبن	-	
STREET ADDRESS	307 S. MEMORIAL			TADORESS		· ·	-
CITY-ST-ZIP	KILL DEVIL HILLS NC 27948		2. 4 CITY-5	ST-ZIP =		□Cha	nge Addition
TITLE	AS	☐ DELETE	3.1 TITLE		**	L Clia	nge
NAME	POTTER, ANNA M		3.2 NAME				
STREET ADDRESS	402 W. HELGA ST.		3.3 STREE	TADDRESS			
CITY-ST-ZIP	KILL DEVIL HILLS NC 27948		3.4. CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Cha	nge 🗌 Addition
NAME	ALEXANDER, ROLAND		4.2 NAME				
STREET ADDRESS	723 VIRGINIA DRIVE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			Cha	nge Addition
NAME	POWELL, VIC		5.2 NAME				
İ	4425 MEDFORD DR.		5.3 STREE	TADORESS			
STREET ADDRESS	ANNANDALE VA 22003-5615		5.4 CITY-S				
CITY-ST-ZIP	D	<b>™</b> DELETE	6.1 TITLE			☐ Cha	nge
TITLE	RUFFIN, J B	V3 5	6.2 NAME	1			_
NAME				TADDRESS			
STREET ADDRESS	403 SOUTH ACADEMY ST.		0.3 3 IREE	I NUDRESS			

6.4 CITY-ST-ZIP

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 an anattachment with an address, with all other like empowered.

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