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 # 1. Corporation Name H07921

WINGS AIR EXPRESS OF FLORIDA, INC.					
	•				
Principal Plac	ce of Business	Mailing Address	•		
·		1408 CASEY KEY ROAD			
NOKOMIS FL 34275		NOKOMIS FL 34275		DO NOT WRITE IN TI	LIC CDACE
US	•	US		3. Date Incorporated or Qualifed	IIIS SPACE
<u> </u>				06/14/1984	•
2. Principal F	Place of Business	2a. Mailing Address	+	4. FEI Number	Applied For
21	•	26		59-2570764	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☑ No
[9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
KAN	NE, ROBERT C.	i	oi Name		
140	8 CASEY KEY ROAD	R.C.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NO	KOMIS FL 34275		83		
		•	84 City	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	85 Zlp Code
1 150 21 115 1	1	2. **	84 City	F T	FL SS ZID COUR
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
i office or	redistered adent, or both in the State	or Fiorioa, Such change was a			
🏥 agent. La	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes.	ion's board of directors. Thereby decept the ap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 agent. La SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	am familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Flo	orida Statutes. E: Registered Agent signature requir	ed when reinstating) (
35 agent. La SIGNATURE 12.	am familiar with, and accept the obligated and accept the obligated and surface of registered age OFFICERS AN	nt and title if applicable. (NOTE	E: Registered Agent signature require		AND DIRECTORS IN 12
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90046 005 ***150.00