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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

HIGHSMITH AIR INC.

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Principal Place		Mailing Address				
401 WEST MINSTER STREET P.O.BOX 617260		P.O. BOX 547902 ORLANDO FL 32803		DO NOT WRITE IN T	HIS SPACE	
O4LANDO FL 32803		U\$		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US				* ·		
		2. 11.1		01/21/1986 4. FEI Number	Applied	d For
2. Principal Place of Business		2a. Mailing Address		59-2629145	<u> </u>	plicable
21		Suite, Apt. #, etc		39-2029 143	\$8.75 Additional	
Suite, Apt.	#, etc.			5. Certificate of Status Desired	Fee Requir	
City & State		City & State		6. Election Campaign Financing	\$5.00 May	v Ba
	e	28		Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
⊢ '	25	— ·	30	Personal Property Tax.	☐ Yes ☐ □	No
24	9. Name and Address of Current		001	10. Name and Address of New Registe	red Agent	
			81 Name	1. 11 = [<u></u>	1
HIGH	HSMITH, EDWIN G.		17.9	ess (P.O. Box Number is Not Acceptable)	<u>, </u>	
	FOREST GROVE BLVD.		82 Street Actin	West min ster	< ↓ .	
l	ANDO FL 32808		83	100237_FAT NLS_T		
ļ			84 90	'a do	FL 85 Zip Cod	စ် (၁၁
	1. the second Contrary 607 0500	and 607 1609 Morida Statute	the above named corn			istered
11. Pursuant	egistered agent, or both, in the State of	of Florida. Such change was at	thorized by the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	ppointment as registi	ered
agent. La	im familiar with, and accept the migat	ions of, Sertion 607.0505.)Flor	nua Statutes	1-61.0	CY	
agent. I a	10/10/11/11	H. Charles		1-7.7	9	
SIGNATURE	Stature, spector printed name of registered agent	and the It appricable (NO1E	Registered Agent signature require	d when reinstating) DAT	7	
SIGNATURE	Signature Gold or printed name of edistered agent	and the It appricable (NO1E	Registered Agent signature require	1-7.7	S AND DIRECTORS	
SIGNATURE 12. TITLE	Signature spent or printed many of registered agent OFFICERS AND	D DIRECTORS	Registered Agent signature require	d when reinstating) DAT	S AND DIRECTORS	IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND DP HIGHSMITH, EDWIN G.	D DIRECTORS	Registered Agent signature require 13. 1: TITLE 12 NAME	d when reinstating) DAT	S AND DIRECTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND DP HIGHSMITH, EDWIN G. 5936 FOREST GROVE BLVD.	D DIRECTORS	Registered Agant signature require 13. 1: TITLE 1: 2 NAME 1: 3 STREET ADDRESS	d when reinstating) DAT	S AND DIRECTORS	IN 12
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CITY-ST-ZIP 14. 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 oddress, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: