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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009709

KMN AERO CORPORATION Mailing Address Principal Place of Business 2145 BISHOP ESTATE RD 2145 BISHOP ESTATE RD JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3161863 Not Applicable 21 26 \$8.75 Additional Suite, Apr. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Country Zip Countr / Zip This corporation owes the current year in angible ☐ Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MAFITINDALE, NEWMAN B Street Address (P.O. Box Number is Not Acceptable) 2145 BISHOP ESTATE RD JACKSONVILLE FL 32259 83 Zip Codia 84 City 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 shanging 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 obligation's of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change [] Addition D DELETE 11 TITLE TITLE MARTINDALE, NEWMAN B 12 NAME NAME 2145 BISHOP ESTATE RD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 4.1 TITLE HILE 4 2 NAME 4.3 STREET ADDRESS ------ ADDRESS 4.4 CITY-ST-ZIP ··· ST-ZIP Addition [] Change DELETE 5.1 TITLE 52 NAME

It hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 dath; that I am an officer or director of the corporation of 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.

3.4 CITY-ST-ZIP

53 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 3.2 NAME 3.3 STREET ADDRESS

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