

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90076 002 ***150.00

DOCUMENT # P93000037475

1. Corporation Name

SPACEPORT LAUNCH COMPANY

Principal Place of Business

150 COCOA ISLES BLVD.
SUITE 401
COCOA BEACH FL 32931

Mailing Address

150 COCOA ISLES BLVD.
SUITE 401
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1993

4. FEI Number

59-3275229

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

2. Principal Place of Business

21 100 Spaceport Way

Suite, Apt. #, etc.

22 City & State
Cape Canaveral, FL

23 Zip Country
32920-4003 USA

24 32920-4003 25 USA

2a. Mailing Address

26 100 Spaceport Way

Suite, Apt. #, etc.

27 City & State
Cape Canaveral, FL

28 Zip Country
32920-4003 USA

29 32920-4003 30 USA

9. Name and Address of Current Registered Agent

MARSHALL, BYRD F JR.
201 E. PINE ST.
SUITE 1200
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

TITLE D ☐ DELETE

NAME LEARY, JAMES D JR.
STREET ADDRESS 150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE

NAME THOMAS, ALBERT M
STREET ADDRESS 150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE

NAME ELLEGOOD, EDWARD
STREET ADDRESS 150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE

NAME O'CONNOR, EDWARD A JR.
STREET ADDRESS 150 COCOA ISLES BLVD., STE. 401
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Thompson, Philip R.
1.3 STREET ADDRESS 100 Spaceport Way
1.4 CITY-ST-ZIP Cape Canaveral, FL 32920-4003

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 on the attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

Daytime Phone #

CR2E034 (11/98)