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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT #

P95000040017 (2)

FLITE	TECH, INC.					
					T IDOLUTAL IND LANDI ANDLI ADDIL BONIN BORK ADDIL BANDI A	<b>6</b> /// <b>61</b> /40 // <b>6</b> // <b>/60</b> / <b>/60</b> /
	ace of Business	Mailing Address				
B805 SW 200 CIRCLE 8805 SW 200 CIRCLE DUNNELLON FL 34431 DUNNELLON FL 34431			'			
DUMBELLON PL 34451				DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified	
					05/18/1995	
	I Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	ot # oto	Suite, Apt. #, etc.			59-3320296	Not Applicable
Suite, Apt. #, etc. 5 22 27		<b>⊢</b> ¬ ` ` `			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		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 or has paid the current	nt year Intangible
24	25		30			Yes 🔲 No
	9, Name and Address of Cur	rent Registered Agent		1	10. Name and Address of New Registered Ag	jent
	BOODWIN, MARGARET E		81	Name		
8805 SW 200 CIRCLE			82	Street A	Address (P.O. Box Number is Not Acceptable)	
ן ני	DUNNELLON FL 34431		83	<del> </del>		<del></del>
			55			
			84	City	FL	85 Zip Code
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508 Florida Statutes.				e-named c		hanging its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					poration's board of directors. I hereby accept the appoin	ntment as registered
1		ingations of, decitor our coops, Flor	IOR STATUTO	<b>3</b> .		
SIGNATURE	Signature, typed or printed name of registered	agont and title if applicable (NOTE:	Registered Age	eni signature r	required when reinstating) DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	0	☐ DELETE	1.1 TITLE		L	Change Addition
NAME	GOODWIN, WILLIAM E		1.2 NAME			
STREET ADDRESS			1.3 STREET			
CITY-ST-ZIP	DUNNELLON FL 34431	DELETE	1.4 CITY-5	ST-ZIP		Change Addition
TITLE		T) hereig	2.1 TITLE		<b>-</b>	Totalige T Addition
NAME STREET ADDRES	s l		2.2 NAME 2.3 STREET	200000A		
CITY-ST-ZIP	3		2.4 CITY-	J		
TITLE	<del></del>	☐ DELETE	3.1 TITLE	V1 - EH	<del></del>	Change
NAME		<del></del>	3.2 NAME	ŀ		- <del>-</del> .
STREET ADDRESS	s		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change
NAME			4. 2 NAME			
STREET ADDRESS	s		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		1-2.
TITLE		DELETE	5.1 TITLE	}		Change  Addition
NAME			5.2 NAME			
STREET ADDRESS	S		5.3 STREET	1		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - S	T-ZIP		Change Addition
TITLE		רין הברכוב	6.1 TITLE		<u>.</u>	Tionantic Timonnon
NAME OTBOOT ADDRESS			6.2 NAME	ADDOLOG		
STREET ADDRESS	° [		6.3 STREET	ADDRESS		

SIGNATURE:

**FILED** 

Mar 20 1998 8:00am

Secretary of State

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 supplymental 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 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or given a attachment with an address