

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 23 1999 8:00 am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063766

1. Corporation Name

KOKOPELLI MOTOR COMPANY, INC.



Principal Place of Business
1409 BAYTOWNE AVENUE EAST
DESTIN FL 32541

Mailing Address
POST OFFICE BOX 1561
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

59-3341211

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. ☐ Yes ☒ No

2. Principal Place of Business

21 161 GOLOSBY ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

UNIT D6

27 Suite, Apt. #, etc.

23 City & State
SANTA ROSA BEACH, FL

28 City & State

24 Zip
32459

25 Country
USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BAIN, CLARENCE D III
1409 BAYTOWNE AVENUE EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8003 LEGEND CREEK DRIVE

83

84 City
DESTIN

FL

85 Zip Code
32541

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 P
NAME BAIN, CLARENCE D III
STREET ADDRESS 1409 BAYTOWNE AVENUE EAST
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8003 LEGEND CREEK DRIVE
1.4 CITY-ST-ZIP DESTIN, FL 32541

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 800002970328--9
2.4 CITY-ST-ZIP -08/25/99--01098--001

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.3.99

Date

850-267-1994

Daytime Phone #

CR2E034 (5/99)

RETURNS.

I RECENTLY GOT A "SECOND NOTICE" FOR THE 1999 PROFIT CORPORATION ANNUAL REPORT. I CONTACTED MY CPA TO SEE IF SHE HAD THE FIRST NOTICE WITH THE MATERIALS I SENT TO HER THIS SPRING. SHE DID NOT.

I BELIEVE THAT I DID NOT RECEIVE THE FIRST NOTICE FOR SOME UNEXPLAINED REASON.

UPON RECEIPT OF THE SECOND NOTICE, I IMMEDIATELY CALLED YOUR OFFICE AND IT WAS SUGGESTED THAT I MAIL IN \$150.00 FILING FEE WITH THIS LETTER FOR YOUR CONSIDERATION.

PLEASE WAIVE THE ADDED FEE/PENALTY. I HOPE THIS EXPLANATION IS TO YOUR SATISFACTION. THANK YOU.

SINCERELY,

Clayton Ban III "DOC"

PRESIDENT

KOKOPPEL MOTOR CO. INC.

P.O. BOX 1561

DESTIN, FL 32540-1561

850-267-1457