

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  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90081 039 \*\*\*150.00

DOCUMENT # P97000063727

1. Corporation Name

TOP FLIGHT PROPERTIES INC.



Principal Place of Business

204 CESSNA BLVD.  
DAYTONA BEACH FL 32124

Mailing Address

204 CESSNA BLVD.  
DAYTONA BEACH FL 32124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-3457083

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 2 Lionspaw VII Nobles

Suite, Apt. #, etc.

22

City & State

23 Daytona Beach, FL.

Zip

24 32124

Country

25 USA

2a. Mailing Address

26 2 Lionspaw VII Nobles

Suite, Apt. #, etc.

27

City & State

28 Daytona Beach, FL.

Zip

29 32124

Country

30 USA

9. Name and Address of Current Registered Agent

BETHUNE, SANDRA A  
2057 COUNTRY CLUB DRIVE  
DAYTONA BEACH FL 32124

10. Name and Address of New Registered Agent

81 Name

Bethune, Sandra A

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

2 Lionspaw VII Nobles

83

84 City

Daytona Beach

FL

85 Zip Code

32124

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 PTD ☐ DELETE

NAME BETHUNE, SANDRA A  
STREET ADDRESS 2057 COUNTRY CLUB DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE VSD ☐ DELETE

NAME BETHUNE, WILLIAM  
STREET ADDRESS 2057 COUNTRY CLUB DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PTD ☒ Change ☐ Addition

1.2 NAME Bethune, Sandra A  
1.3 STREET ADDRESS 2 Lionspaw VII Nobles  
1.4 CITY-ST-ZIP Daytona Beach, FL 32124

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME Bethune, William  
2.3 STREET ADDRESS 2 Lionspaw VII Nobles  
2.4 CITY-ST-ZIP Daytona Beach, FL 32124

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99  
Date

904-274-2900  
Daytime Phone #

CR2E034 (1/198)