PROFIT CORPORATION ANNUAL REPORT 1999 OCCUMENT # P98000057 SPACE COAST LOGISTICS, INC.	Katherin Secretar DIVISION OF C	RTMENT OF STATE	Feb 22, 1999 8:00 Secretary of Sta 02-22-1999 90030 020 ***150	ate
CORPORATION ANNUAL REPORT 1999 OCCUMENT # P98000057	Katherin Secretar DIVISION OF C	ne Harris ry of State	Secretary of Sta	ate
ANNUAL REPORT 1999 OCUMENT # P98000057 Corporation Name	Secretar DIVISION OF C	ry of State		
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SPACE COAST LOGISTICS, INC.				
SPACE COAST LOGISTICS, INC.			e somssmanning samm imten ander Anter Barre Barre Barre i skart Afrika (1986)	
ncipal Place of Business Ma	ailing Address			
•	is w King Street			
	COA FL 32926		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
			06/26/1998	
	Mailing Address		4. FEI Number 59-3521178 Not Applied	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8 75 Addit	plicable
Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require	
	City & State		6. Election Campaign Financing \$5.00 May	
28			Trust Fund Contribution Added to Fe	Hes
· · · · · · · · · · · · · · · · · · ·	Zip	Country	8. This corporation owes the current year Inlangible Personal Property Tax.	*o
25 25 29 9. Name and Address of Current Regist		<u> </u>	10. Name and Address of New Registered Agent	
		81 Name		
SMITH, DAVID B		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>
3665 W KING STREET COCOA FL 32926		B3		
0000A FL 32320		83		
·		84 - City	FI 05 . Z/p Gode	• <u></u>
Pursuant to the provisions of Sections 607 0502 and 60	7.1508. Florida Slatute	as, the above-named corr	poration submits this statement for the purpose of changing its regist	slered
office or registered agent, or both, in the State of Florida agent, I am familiar with, and accept the obligations of, \$	a. Such change was au	unorized by the corporati	on's board of directors. I hereby accept the appointment as registe	red
SNATURE				
Signature, typed or printed name of registered agent and lide if a		Registered Agent signature require	A when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
E DRESIDENT		13. 1.1 TITLE		CR2E034 (11/98)
E GOWNIE SMITH	_	12 NAME		7
ETNORESS 3665 W. KING ST.		1.3 STREET ADDRESS) Ä
stize しいのとのみいドト・ろめてみん		1.4 CITY- ST-ZIP		<u></u>
E VICE PRESEDENT	DELETE	21 TILE	Changa [Addition O
E SHERJAN FULCHER EETADORESS 806 WARREN AVE		2.2 NAME		1
		2.3 STREET ADDRESS	·	
		2.4 CITY-ST-ZP 31 TITLE	Change [Addition
E DAVED BISMITH		32 NAME		
TADORESS 3665 W. KINGST.	1	3.3 STREET ADDRESS		
ST-2P COCUA, FL. 32926.				
TREST		- 4.1 TITLE	Change	Addition
DAUEDE, FULCHER	,	4.2 NAME		
ETADORESS 806 WARREN AVE ST-ZIP (600A, FL. 3292	2	4.3 STREET ADDRESS		
ST-ZIP (DUDH) PL: JATA		44 CITY-ST-ZIP 5.1 TITLE	Change [Addition
E E		5.2 NAME		
EET ALXIRESS		5.3 STREET ADDRESS		
-ST-ZIP	<u> </u>	54 CITY-ST-ZIP		16445500
	DELETE	6.1 TITLE 62 NAME	Change 💭	Addition
				1
E			·	1
re Bet Address		63 STREET ADORESS]
E /EE /EET ADDRESS r. ST-ZIP . hereby certify that the information supplied with this fill	ng does not qualify for l	6.3 STREET ADORESS 6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the inform a shall have the same legal affect as if made under oath; that I am i	Tation

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