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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90057 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V17701

1. Corporation Name
CLASSIC FLIGHT, INC.

Principal Place of Business
**14770 CALEB DRIVE
FT. MYERS FL 33908**

Mailing Address
**14770 CALEB DRIVE
FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1992

4. FEI Number

65-0314114

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

2a. Mailing Address

21 **605 DANLEY DR**

26 **605 DANLEY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
FT MYERS FL

27 City & State
FT MYERS FL

23 Zip Country
33907 USA

28 Zip Country
33907 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEEN, DAVID
14770 CALEB DRIVE
FT. MYERS FL 33908**

81 Name **Douglas C. Keen**

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

CLASSIC FLIGHT

83 **605 DANLEY DR**

84 City **FT MYERS** **FL** 85 Zip Code **33907**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **KEEN, DAVID**
STREET ADDRESS **14770 CALEB DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **Director + President** ☐ DELETE
NAME **Douglas C. Keen**
STREET ADDRESS **605 DANLEY DR**
CITY-ST-ZIP **FT MYERS FL 33907**

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

1.1 TITLE **President + Director** ☒ Change ☐ Addition
1.2 NAME **Douglas C. Keen**
1.3 STREET ADDRESS **605 DANLEY DR**
1.4 CITY-ST-ZIP **FT MYERS FL 33907**

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 939 7411

CR2E034 (1/1/98)