

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:21

DOCUMENT # **K34895** (8)

1. Corporation Name
AERO-TRANS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7801 S.E. 58TH AVENUE
P.O. BOX 1476
OCALA FL 34478-1476
US**

Mailing Address: **7801 S.E. 58TH AVENUE
P.O. BOX 1476
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified:	3a. Date of Last Report:
21	26	09/28/1988	04/22/1994
State, Apt. #, etc.	State, Apt. #, etc.	4. FEI Number:	Applied For
22	27	59-2909732	Not Applicable
City & State:	City & State:	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City:	City:	6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/>
24	25	7. This corporation has liability for intangible tax under E. 100.039, Florida Statutes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
County:	County:		
29	30	34478-1476	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEEWARD, JAMES K. 7801 S.E. 58TH AVENUE OCALA FL 32671		01 Name	
		02 Street Address (P.O. Box Number is Not Acceptable)	
		03	
		04 City	FL 05 34480

11. Pursuant to the provisions of Sections 607 (b)(3) and 607 (5)(b), 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 (5)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	S	01 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
02 NAME	CURRY, LANDIS V., JR.	02 NAME	
03 STREET ADDRESS	2411 S.E. 15TH ST.	03 STREET ADDRESS	
04 CITY, ST, ZIP	OCALA FL	04 CITY, ST, ZIP	34471
05 TITLE	PD	05 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
06 NAME	LEEWARD, JAMES K.	06 NAME	
07 STREET ADDRESS	7801 S.E. 58TH AVENUE	07 STREET ADDRESS	
08 CITY, ST, ZIP	OCALA FL	08 CITY, ST, ZIP	34480
09 TITLE		09 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied will, to the best of my knowledge and belief, conform to the requirements of Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of paragraph 12 or an attachment with an address.

SIGNATURE: BY: **James K. Leeward** 5/1/95 (904) 245-7007