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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **320084** **(7)**

1. Corporation Name

**AERO SPORT INC**

| Principal Place of Business | Mailing Address |
|---|---|
| ST AUGUSTINE AIRPORT. 4900 U.S. 1 NORTH<br>P.O. DRAWER 1989<br>ST. AUGUSTINE FL 32085-8989 | ST AUGUSTINE AIRPORT. 4900 U.S. 1 NORTH<br>P.O. DRAWER 1989<br>ST. AUGUSTINE FL 32085-8989 |

3. Date Incorporated or Qualified: **08/21/1967**

3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business (21) / Street Address (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Street Address (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: **59-1204289** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOSER, JAMES A**
**614 20TH ST**
**ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 I accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| Title | VD | ☐ DELETE |
| Name | MOSER,MARY A. | |
| Street Address | 600 20TH ST | |
| City, St, Zip | ST AUGUSTINE FL | |
| Title | PD | ☐ DELETE |
| Name | MOSER,JAMES A | |
| Street Address | 614 20TH ST | |
| City, St, Zip | ST AUGUSTINE FL | |
| Title | STD | ☐ DELETE |
| Name | MOSER,DIANE | |
| Street Address | 614 20TH ST | |
| City, St, Zip | ST AUGUSTINE FL | |
| 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

| | | |
|---|---|---|
| 11 Title | | ☐ Change ☐ Addition |
| 12 Name | | |
| 13 Street Address | | |
| 14 City, St, Zip | | |
| 21 Title | | ☐ Change ☐ Addition |
| 22 Name | | |
| 23 Street Address | | |
| 24 City, St, Zip | | |
| 31 Title | | ☐ Change ☐ Addition |
| 32 Name | | |
| 33 Street Address | | |
| 34 City, St, Zip | | |
| 41 Title | | ☐ Change ☐ Addition |
| 42 Name | | |
| 43 Street Address | | |
| 44 City, St, Zip | | |
| 51 Title | | ☐ Change ☐ Addition |
| 52 Name | | |
| 53 Street Address | | |
| 54 City, St, Zip | | |
| 61 Title | | ☐ Change ☐ Addition |
| 62 Name | | |
| 63 Street Address | | |
| 64 City, St, Zip | | |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added, above or on an attachment with an address.

**SIGNATURE:** James A Moser James A. Moser, Pres 2/6/96 904824-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)