

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 29 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447107 (4)

1. Corporation Name

AERO TRANSWAY ENTERPRISES, INC.

Principal Place of Business

P. O. BOX 163
2206 WOODLAWN DR.
TALLAHASSEE FL 32302

Mailing Address

P. O. BOX 163
2206 WOODLAWN DR.
TALLAHASSEE FL 32302-0163

2. Principal Place of Business

21 2206 Woodlawn Dr.
Suite, Apt. #, etc.

22 P.O. Box 163

City & State

23 Tallahassee Fla.

Zip

24 32302

Country

25 LEON

2a. Mailing Address

26 -same
Suite, Apt. #, etc.

27 -same

City & State

28 -same

Zip

29 -same

Country

30 LEON

9. Name and Address of Current Registered Agent

MARTIN, JOHN H.
125 OLD CHISHOLM TRAIL
EUSTIS FL 32726

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/01/1974

3a. Date of Last Report

01/31/1996

4. FEI Number

59-1535350

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME VD
MORTIMER, GEORGE L.
STREET ADDRESS 2206 WOODLAWN
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME VD
MARTIN, JOHN H.
STREET ADDRESS 125 OLD CHISHOLM TRAIL
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

000002164750-4

-05/02/97-01162-023

***\$165.00 ***\$165.00

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14. I do 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 supplemented 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.

SIGNATURE

George L. Mortimer

Y-D

Sharon

04-28-1997

CR2E034 (9/96)