FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:24

DOCUMENT # **582486** **(7)**

1. Corporation Name
AERO FLYING CLUB, INC.

Principal Place of Business	Mailing Address
420 HOLLY HILL ROAD P O BOX 17202, CLEARWATER, FL 34622 OLDSMAR FL 34677	~~420 HOLLY HILL ROAD~~ P O BOX 17202, CLEARWATER, FL 34622 ~~OLDSMAR FL 34677~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1978**
3a. Date of Last Report: **02/17/1994**

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip: 24 **34677-2023** Country: 25

2a. Mailing Address
26 **P O BOX 17202**
State, Apt. #, etc.
27 **CLEARWATER**
City & State
28 **FL**
Zip: 29 **34622-0202** Country: 30 **US**

4. FEI Number: **59-1702209** ☐ 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

BARTON, THOMAS
420 HOLLY HILL ROAD
OLDSMAR FL 34677

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 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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARTON, THOMAS	12 NAME	
STREET ADDRESS	420 HOLLY HILL ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	OLDSMAR FL	14 CITY, ST, ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	BARTON, JOHNNY	22 NAME	
STREET ADDRESS	420 HOLLY HILL ROAD	23 STREET ADDRESS	
CITY, ST, ZIP	OLDSMAR FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing 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 11 or Block 14 above or on an attachment with an address.

SIGNATURE: Thomas E. Barton
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Thomas E. Barton, President

3-25-95
Date

813/785-3548
Daytime Phone Number

0305550 CP