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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 582486

(7)

1. Corporation Name
AERO FLYING CLUB, INC.



Principal Place of Business

420 HOLLY HILL ROAD
P O BOX 17202, CLEARWATER, FL 34622
OLDSMAR FL 34677-023
US

Mailing Address

P.O. BOX 17202
CLEARWATER FL 34622-0202
US

3. Date Incorporated or Qualified
08/16/1978

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 420 Holly Hill Road
Suite, Apt. #, etc.

2a. Mailing Address

26 420 Holly Hill Road
Suite, Apt. #, etc.

4. FEI Number
59-1702209

Applied For
Not Applicable

22. City & State

23 Oldsmar, FL

27. City & State

28 Oldsmar, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34677-2023

25 Pine/Is

29 34677-2023

30 Pine/Is

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: Thomas E. Barton

April 12, 1997

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BARTON, THOMAS
STREET ADDRESS 420 HOLLY HILL ROAD
CITY-ST-ZIP OLDSMAR FL

TITLE VST ☐ DELETE
NAME BARTON, JOHNNY
STREET ADDRESS 420 HOLLY HILL ROAD
CITY-ST-ZIP OLDSMAR 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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 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.

SIGNATURE: Thomas E. Barton

4-25-97

Date

Daytime Phone #

CR2E034 (9/96)