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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 582486

(7)

AERO FLYING CLUB, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				····	U DUDIUN DITUU TURKO TERTA BERBA SRAIR USAR I	K B (1 8 28 11 B L B L L B F B L L B L B L B L B L B L	
420 HOLLY H		420 HOLLY HILL RD					
OLDSMAR FL US	34677-2023	OLDSMAR FL 34677-20 US	OLDSMAR FL 34677-2023		DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
UO		V3	03		3. Date Incorporated or Qualified		
					08/16/1978	1	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-1702209	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			C. Commode of States Doubles	Fee Required	
Clty & State		— ·	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country			Zip Country		Trust Fund Contribution	Added to Fees	
24	25	29	<u> </u>	шу	8. This corporation owes or has paid		
24]	9. Name and Address of Curr		30		Personal Property Tax due June 3 10. Name and Address of New Regi	<u> </u>	
	 	one riogistores regime		81 Name	It, Hambana Addises of Hear Regi	atolog Agent	
BARTON, THOMAS 420 HOLLY HILL ROAD			Į.				
				62 Street Add	fress (P.O. Box Number is Not Acceptable)	
OLL	DMAR FL 34677		-	83			
				84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508. Florida Sta	tutes, the ab	ove-named cor	poration submits this statement for the pu		
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida, Such change wa	is authorized	by the corpora	poration submits this statement for the putition's board of directors. I hereby accept	the appointment as registered	
•	The tribal with and accept the opi	igations of, Section 607,0303,	TIONUS SIAIL	nes.		1	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N	OTE: Registered	Agoni signature requ	ired when reinstaling)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PD DELETE		1.1 TIT	LE		Change Addition	
NAME	BARTON, THOMAS		1.2 NA	ME (6	
STREET ADDRESS	ADDRESS 420 HOLLY HILL ROAD		1.3 STF	REET ADDRESS		į	
CITY-ST-ZIP	OLDSMAR FL		1.4 CIT	Y-ST-ZIP		[8	
TITLE	VST DELETE 2.1 T		2.1 TIT	LF		Change Addition	
NAME	BARTON, JOHNNY		2.2 NA	ME		{	
STREET ADDRESS			2.3 STF	REET ADDRESS			
CITY-ST-ZIP	ST-ZIP OLDSMAR FL		2. 4 CI	TY - ST - Z(P			
TITLE	DELETE		3 1 T(T	LE		Change Addition	
NAME			3 2 NA	ME			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP			3.4. Ci	IY-ST-ZIP			
TITLE		DEFELE	4.1 TIT	LE		Change Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TiT	re		Change Addition	
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		DEL ETE	6 1 THT	.E		☐ Change ☐ Addition	
NAME			6.2 NAI	ME .			
STREET ADDRESS			6.3 STF	REET ADDRESS			
CITY-\$T-ZIP	_		6.4 CIT	Y-S1-ZIP			

14. I 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment and officers.