Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90171 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 582486

1. Corporation Name

AERO FL	Lying Club, INC.					
Principal Place	e of Business	Mailing Address				
420 HOLLY HILL ROAD 420 HOLLY HILL RD OLDSMAR FL 34677-2023 US US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/16/1978
2 Dainein - I O	ace of Business	2a. Mailing Address				4. FEI Number Applied For
	lace of business		26			59-1702209 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing S5.00 May Be
23	•	— ´	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	itry		8 This comoration owes the current year Intangible
24	25	29 3	0]			Personal Property Tax.
<u></u>	9. Name and Address of Curre					10. Name and Address of New Registered Agent
				81	Name	
BARTON, THOMAS 420 HOLLY HILL ROAD				82	Street Addr	dress (P.O. Box Number is Not Acceptable)
OLDMAR FL 34677			ţ	83		
				84	City	FL 85 Zip Code
44 5	to the previous of Continue 607 Of	202 and 607 1509 Florida Statutes	the ab	0/0	named corn	possion submits this statement for the surgess of changing its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	o of Florida. Such change was auti	honzed	DV I	he corporation	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE					_, _,	red when reinstation) DATE
-	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R ND DIRECTORS	egistered /	-gent	signature require	ned when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DÉLETE	1,1 TITLE			Change Addition
NAME	BARTON, THOMAS		1.2 NA			
STREET ADDRESS	420 HOLLY HILL ROAD				ADDRESS	
	OLDSMAR FL		1,4 CIT			
CITY-ST-ZIP TITLE	VST	☐ DELETE	2.1 777		- 211	☐ Change ☐ Addition
NAME	BARTON, JOHNNY		2.2 NA			
	420 HOLLY HILL ROAD				ADORESS	·
STREET ADDRESS	OLDSMAR FL	No. 1	2,4 CII			•
CITY-ST-ZIP TITLE	CLOSINATTE	☐ DELETE	3.17111		-	☐ Change ☐ Addition
NAME			3.2 NA	ΜE	1	
STREET ADDRESS			3.3 STF	REET	ADDRESS	•
CITY-ST-ZIP	·		3.4. CIT	ry-st	r-ZIP	
TITLE		☐ DELETE	4.1 TITI	LE		☐ Change ☐ Addition
NAME			4.2 NA	WE.		
STREET ADDRESS			4.3 S∏	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP	
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change ☐ Addition
NAME			5.2 NAI	ME		,
STREET ADDRESS			5.3 STI	REET	ADDRESS	·
C!TY-ST-ZIP			5.4 CIT		-ZIP	
TITLE		☐ DELETE	6.1 111			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADORESS			6.3 STI	REET	ADORESS	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

3 Soli Thomas E Barton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR