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

STREET ADDRESS

CITY-ST-ZIP

May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 639742 (6) AIRCOM COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2178 10TH STREET **2178 10TH STREET** SARASOTA FL 34237-3412 SARASOTA FL 34237-3412 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1961577 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** GOFF, LUTHER A. 2178 10TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **SARASOTA FL 34237** 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition TITLE 1.1 TITLE GOFF, AMBROSIA M 12 NAME NAME **847 HUDSON AVE** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GOFF.** KENNETH C 2.2 NAME 2438 ICECAPADE DR STREET ADDRESS 23 STREET ADDRESS SARASOTA, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME **GOFF, LUTHER A** 3.2 NAME 847 HUDSON AVE STREET ADDRESS 3.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE GOFF, SHAUNE E. 4 2 NAME NAME **847 HUDSON AVENUE** STREET ADDRESS 4.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE GOFF, JAMES E. NAME 5.2 NAME 2191 HYDE PAKR ST STREET ADDRESS 5.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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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 suppliemental 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, prior an attrictment with appeddress.

FILED