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

## **FILED** Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) VMC AERONAUTICS, INC. Principal Place of Business Mailing Address % WILLIAM PERRY KELLY, JR % WILLIAM PERRY KELLY. JR 1416 ORANGEWOOD DRIVE 1416 ORANGEWOOD DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date incorporated or Qualified 07/20/1981 2. Principal Place of Business 2a. Mailing Address Applied For 59-2226837 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KELLY, WILLIAM PERRY, JR 1416 ORANGEWOOD DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Code 85 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 rainstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME KELLY, WILLIAM PERRY, JR 1.2 NAME CR2E034 1416 ORANGEWOOD DR STREET ADDRESS 1.3 STREET ADDRESS LAKELAND, FL 00000 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KELLY, BARBARA PURIFOY 2.2 NAME NAME 1416 ORANGEWOOD DR STREET ADDRESS 2.3 STREET ADDRESS LAKELAND, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CiTY - ST - ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-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 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: WILLIAM FERRY TERF JE Welling Roug Killy J.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

941-646-6569

Change

Addition