

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:13

DOCUMENT # 854452 (0)

**1. Corporation Name
AEROMECHANICAL, INC.**

Principal Place of Business

**1386 SHORELINE DR.
P O BOX 1199
GULF BREEZE FL 32561**

Mailing Address

**1386 SHORELINE DR.
P O BOX 1199
GULF BREEZE FL 32561**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1982

3a. Date of Last Report

05/23/1994

4. FEI Number

63-0829125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WINDHAM, DANIEL O.
1386 SHORELINE DR
GULF BREEZE FL 32561**

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

Signature (Typed or printed name of registered agent and fee if applicable)

(DATE: Registered Agent Signature Required when reappointed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

WINDHAM, DANIEL O.

STREET ADDRESS

1386 SHORELINE DR

CITY - ST - ZIP

GULF BREEZE FL

TITLE

D

NAME

WINDHAM, DANIEL O.

STREET ADDRESS

1386 SHORELINE DR

CITY - ST - ZIP

GULF BREEZE FL

TITLE

VD

NAME

WATTS, EDGAR R., JR.

STREET ADDRESS

1920 27TH AVENUE SO,

CITY - ST - ZIP

BIRMINGHAM FL

TITLE

TD

NAME

WINDHAM, CLAIRE H

STREET ADDRESS

1386 SHORELINE DR

CITY - ST - ZIP

GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify 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 *Daniel O. Windham, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL O. WINDHAM

2-6-95

904-933-2011