

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F14728

(2)

1. Corporation Name

AERO-HOSE TECHNOLOGY, INC.

Principal Place of Business

**321 N CONGRESS AVENUE #105
DELRAY BEACH FL 33445**

Mailing Address

**321 N CONGRESS AVENUE #105
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2065916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. The corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2615 Lantana Road

Suite, Apt. #, etc.

22 Suite A

City & State

23 Lantana, FL

Zip

24 33462

Country

25 USA

2a. Mailing Address

26 2615 Lantana Road

Suite, Apt. #, etc.

27 Suite A

City & State

28 Lantana, FL

Zip

29 33462

Country

30 USA

9. Name and Address of Current Registered Agent

**ARCHER, PAUL A.
A716 S.E. 8TH STREET
DELRAY BEACH FL 33483**

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 the date applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ARCHER, PAUL A.
STREET ADDRESS	716 S.E. 8TH ST
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SD
NAME	PAYSON, ELLIOT
STREET ADDRESS	5 BANCROFT WAY
CITY - ST - ZIP	HAMILTON MA
TITLE	V
NAME	CLIFFORD, DWANE E
STREET ADDRESS	9345 LAUREL GREEN DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	ST Peacock, Bonnie
2.3 STREET ADDRESS	2603 S.W. Cranbrook Drive
2.4 CITY - ST - ZIP	Boynton Beach, FL 33436
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or a 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 registered agent, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Day/Mon/Year