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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F57788 (4)

DILLON-REYNOLDS AERIAL PHOTOGRAPHY, INC.

Principal Place of Business Mailing Address 2450 W OAKLAND PARK BLVD

FILED Feb 17 1998 8:00am Secretary of State



2450 W OAKLAND PARK BLVD OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2146888 Not Applicable 21 26 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 Trust Fund Contribution Added to Fees 28 Žip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent R1 Name RICHARD P. REYNOLDS 2450 W OAKLAND PARK BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33311 83 84 85 Zip Code 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 Horida. 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. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE **Addition** REYNOLDS, FRANCES C NAME 1.2 NAME 1370 S.OCEMNIBLUD 1401 1370 S OCEAN BLVD 1401 STREET ADDRESS 1.3 STREET ADDRESS POMANDBCHFL. POMPANO BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP RESELLA MATTISON Addition TITLE DILFTE 2.1 TITLE Change NAME REYNOLDS, RICHARD 2.2 NAME 4374 DUNMORERO. 1370 S JOCEAN BLVD 1401 STREET ADDRESS 2.3 STREET ADDRESS MARIETTA GA. 30068 POMPANO BCH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 supplienced at 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 Cechard P. Reynold Per Remons P. Remond

SIGNATURE: