

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J03734** (7)

1. Corporation Name

AERO NOVA, INC.

SEVEN - 1 / 11 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~20070 US-10N~~

905 E.M.L.K., Jr.

~~20070 US-10N~~

905 E.M.L.K., Jr.

~~STE-230~~

Ste. 600

~~STE-230~~

Ste. 600

~~CLEARWATER FL 34621~~

Tarpon Spgs. FL

~~CLEARWATER FL 34621~~

Tarpon Spgs., FL

US

US

34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1986

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2687067

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 interstate tax under S. 194.035
Florida Statutes.

☒

☐

2. Principal Place of Business

21

2a. Mailing Address

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State Apt. # etc.

State Apt. # etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAN, ROBERT H.

~~20070 U.S.-10 N.~~

905 E.M.L.K., Jr. Dr.

~~SUITE-230~~

Ste. 600

~~CLEARWATER FL 34621~~

Tarpon Spgs., FL 34689

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 607.054(2) and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept this agreement as registered agent. I am familiar with and accept the obligations of Sections 607.054(2) and 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not a Corporation)

Signature of Registered Agent (If Registered Agent is a Corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)

TITLE

P

NAME

SWAN, ROBERT H.

STREET ADDRESS

~~20070 U.S.-10 NORTH, SUITE-230~~ **905 E.M.L.K., Jr. Dr., Ste. 600**

CITY, ST. ZIP

~~CLEARWATER FL~~

Tarpon Spgs., FL 34689

TITLE

C

NAME

DONIZETTI, LARRY

STREET ADDRESS

~~2054 MAPLE COURT~~

950 Carstairs Ct.

CITY, ST. ZIP

~~PALM HARBOR FL~~

Tarpon Spgs., FL 34689

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

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STREET ADDRESS

CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 333.02(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 333, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert H. Swan
DIRECTOR AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

873-943-8174
Tallahassee, Florida