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

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J03734 (7) AERO NOVA, INC. Principal Place of Business Mailing Address 905 E MARTIN LUTHER KING JR DR 905 E MARTIN LUTHER KING JR DR. DO NOT WRITE IN THIS SPACE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 03/11/1986 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 26 59-2687067 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWAN, ROBERT H. 905 E. M.L.K., JR. DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) STE. 300 83 TARPON SPRINGS FL 34689 84 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1.1 TITLE RUBERT H- SWAN SWAN, ROBERT H. NAME 1.2 NAME 905 C. MARTIN LUTHER KING OR. OR. 905 E. MARTIN LUTHER KING JR. DR. STE. 300 1.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE DONIZETTI, LARRY 2.2 NAME 950 CARSTAIRS CT. 2.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TIFLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Сhange Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

6.1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIF

TITLE

NAME

DELETE

☐ Change

Addition