FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K15011** **(5)**

1. Corporation Name
DELTA AERO FLOW, INC.

Principal Place of Business	Mailing Address
% WILLIAM E GUY. JR 55 E OCEAN BLVD STUART FL 34994	% WILLIAM E GUY. JR 55 E OCEAN BLVD STUART FL 34994-2294

2. Principal Place of Business	2a. Mailing Address
21 450 SW Salerno Rd.	26 450 SW Salerno Rd.
22 Suite, Apt. # etc.	27 Suite, Apt. #, etc.
23 Stuart, FL	28 Stuart, FL
24 Zip 34997 / 25 Country USA	29 Zip 34997 / 30 Country USA

3. Date Incorporated or Qualified: 02/11/1988
3a. Date of Last Report: 08/14/1996
4. FEI Number: 65-0034606 ☐ 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

9. Name and Address of Current Registered Agent

GUY, JR. WILLIAM E., ESQUIRE
55 E. OCEAN BLVD
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: G. N. Burdick
82 Street Address (P.O. Box Number is Not Acceptable): 450 SW Salerno Rd.
83
84 City: Stuart FL 85 Zip Code: 34997

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: G. N. Burdick — DATE: 4/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURDICK, G. N.		1.2 NAME	
STREET ADDRESS	450 S.W. SALERNO RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUY, JR WILLIAM E		2.2 NAME	
STREET ADDRESS	55 E OCEAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PARENTI, ROBERT V		3.2 NAME	
STREET ADDRESS	221 E OSCEOLA STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: G. N. Burdick REQUIRED — 4/9/97 — 561/283-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471143