

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K39003 (4)

1. Corporation Name

AERIAL RIGGING, INC.

Principal Place of Business

4336 KNIGHTS STATION ROAD  
LAKELAND FL 33809  
US

Mailing Address

1743 ITCHEPACKESASSA DR.  
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/17/1988

3a. Date of Last Report  
03/21/1994

4. FEI Number  
59-2911233

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTNER, STEVEN  
1743 ITCHEPACKESASSA DR  
LAKELAND 33809

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 date of appointment

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BUTNER, STEVEN  
1743 ITCHEPACKESASSA DR  
LAKELAND FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. Further, I 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 my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN T. BUTNER

2/17/95

813-853-8290