1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90149 002 \*\*\*150.00

DOCUI  1. Corporation  AEROTIN											
Principal Place of Business Mailing Address							\$0010EN 010 18111 18810 11001 10	<b>8:   0  0 0</b>	ALBIY MIMIL ALDIS	81811 61811 1881	
% DAVID A. BAILLY 5453 ROWE TRAIL PACE FL 32571 US		% DAVID A. BAILLY 5453 ROWE TRAIL PACE FL 32571 US				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
							06/21/1989				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For		
21	At -4-	Suite, Apt. #, etc.				59-2957676 Not		ot Applicable	ł		
Suite, Apt. #, etc.		<b>⊢</b>	27 Suite, Apt. #, etc.				5. Certifcate of Status Desired			equired	
City & State			City & State				6. Election Campaign Financing	<u> </u>	\$5.00	May Be	1
23		28	<del></del>				Trust Fund Contribution Added to Fees			•	
Zip Country		Zip	Zip Cou		ountry		8. This corporation owes the current year Intangible		ntangible		
24	25	29	3	0			Personal Property Tax.		Yes	0.440	1
	9. Name and Address of Current	Registere	d Agent		т		10. Name and Address of New F	legistered	Agent		}
BAILLY, DAVID A. 5453 ROWE TRAIL PACE FL 32571				81 82 83	Street /	Addres	s (P.O. Box Number is Not Accepta	ble)			<u> </u>
	to the provisions of Sections 607.0502			84	City			FL	_   '	Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida, Sons of, Sec	uch change was autition 607.0505, Florid	horized by la Statutes egistered Ager	the corpo	oration's	s board of directors? I hereby accer	DATE	ontment as re	egistered	6
12.	OFFICERS AND	DIRECTO	DRS -	13.	- 1	1	-ADDITIONS/CHANGES TO OF	FICERS A	Change		{-5
TITLE	PD PAILLY DAVID A		□ vecese	1,1 TITLE						[-] / 100/10//	
NAME	Bailly, David A. 5453 Rowe Trail				1.2 NAME 1.3 STREET ADDRESS						8
STREET ADDRESS	PACE FL				·1.4 CITY-ST-ZIP					-	ا ا
CITY-ST-ZIP TITLE	TAOL 12	<del></del>	DELETE 2.1 TI		1-4211 \-				Change	Addition	[
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRESS	l					}
CITY-ST-ZIP				2. 4 CITY-5	T-ZIP						
TITLE			□ DELETE	3.1 TITLE					Change	☐ Addition	1
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	F ADDRESS						
CITY-ST-ZIP				3.4. CITY-S	T-ZIP					<b>5</b> 4 1 601	-
TTILE			☐ DELETE	4.1 TITLE					Change	Addition	1
NAME	-			4. 2 NAME							-
STREET ADDRESS				4.3 STREE	FADDRESS						
CITY-ST-ZIP			□ DELETE	4.4 CITY-S	T-ZIP	<del> </del>	····		Change	☐ Addition	-
TITLE .			☐ DELETE	5.1 TITLE 5.2 NAME					[_] Grange	/\dulu011	
NAME					TADORESS						
STREET ADDRESS				5.4 CITY-S							
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	, 211				☐ Change	Addition	1
TITLE			settit	6.2 NAME							
NAME					r address						
STREET ADDRESS				0.0000							1

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, with all other like empowered.



850) 9945476