FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:39

DOCUMENT # **L61162** **(8)**

1. Corporation Name
AEROCOMM, INC.

Principal Place of Business	Mailing Address
% LARRY E. HARE 411 SW 2ND AVE. P O BOX 696 ALACHUA FL 32615	% LARRY E. HARE 411 SW 2ND AVE. P O BOX 696 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 14720 N.W. 146TH AVE
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address P.O. Box 696
26: 14720 N.W. 146TH AVE.
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3003217 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARE, LARRY E.
411 SW 2ND AVENUE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

01 Name:
02 Street Address (P.O. Box Number is Not Acceptable): 14720 N.W. 146TH AVENUE
03:
04 City: ALACHUA FL 05 Zip Code: 32615

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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent signature required when mailed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	01 Title	☒ Change ☐ Addition
02 Name	HARE, LARRY E.	02 Name	
03 Street Address	411 SW 2ND AVE	03 Street Address	14720 N.W. 146TH AVENUE
04 City St Zip	ALACHUA FL	04 City St Zip	ALACHUA, FL 32615
05 Title	PTS	05 Title	☒ Change ☐ Addition
06 Name	HARE, LARRY E	06 Name	
07 Street Address	411 SW 2ND AVE	07 Street Address	14720 N.W. 146TH AVENUE
08 City St Zip	ALACHUA FL	08 City St Zip	ALACHUA, FL 32615
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City St Zip		12 City St Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City St Zip		16 City St Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City St Zip		20 City St Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City St Zip		24 City St Zip	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions 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 1, 2 or Block 12 or 13, if changed, or is added above.

SIGNATURE: Larry E. Hare
SIGNATURE AND IF REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY E. HARE / PRESIDENT

JAN. 10, 1995 904/462-5555
Date / Daytime Phone