FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JAN -8 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name
AEROCOMM, INC.

Principal Place of Business	Mailing Address
14720 NW 146TH AVE ~~411 SW 2ND AVE~~ P O BOX 696 ALACHUA FL 32615 US	14720 NW 146TH AVE PO BOX 696 ALACHUA FL 32615-5321 US

2. Principal Place of Business	2a. Mailing Address
21 14720 NW 146TH AVE	26
Suite, Apt. #, etc. 22 P.O. Box 696	Suite, Apt. #, etc. 27
City & State 23 ALACHUA FL	City & State 28
Zip / Country 24 32615 / 25 ALACHUA	Zip / Country 29 32616-0696 / 30

3. Date Incorporated or Qualified: **03/26/1990**
3a. Date of Last Report: **01/22/1996**
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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARE, LARRY E. 14720 NW 146TH AVENUE ALACHUA FL 32615	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARE, LARRY E.		1.2 NAME		
STREET ADDRESS	14720 NW 146TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP		
TITLE	PTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARE, LARRY E		2.2 NAME		
STREET ADDRESS	14720 NW 146TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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****165.00 ☐ ****165.00

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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: Larry E. Hare LARRY E. HARE JANUARY 2, 1997

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