2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # ... M83142 05-19-2002 90044 039 ***150 00 T & G AERO, INC. Principal Place of Business Mailing Address 5289 AIRPARK LOOP WEST 5289 AIRPARK LOOP WEST GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2900084 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOWER JR. GEORGE B Street Address (P.O. Box Number is Not Acceptable) 5265 AIRPARK LOOP W GREEN COVE SPRINGS FL 32043-8911 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE, 4 DRAGO, JOHN NAME NAME. 5343 AIRPARK LOOP W STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **GREEN CORE SPRINGS FL 32043** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIT1 F NAME WOOLLEY, BOB NAME STREET ADDRESS 5354 AIRPARK LOOP E STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME SUTTON, RICHARD NAME STREET ADDRESS STREET ADDRESS 1140 AIRPARK ROAD CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE **BLANCO, JUAN** NAME NAME STREET ADDRESS 6049 ANTIGUIA STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZiF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **PRES** TITLE NAME TOWER, GEORGE B SR NAME STREET ADDRESS 5265 AIRPARK LOOP W STREET ADDRESS CITY-ST-7IP GREEN CORE SPRINGS FL 32043 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE EDSEL D. NAME NAME MOOPY STREET ADDRESS STREET ADDRESS 5256 AIRPARK LOOP WEST CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

SIGNATURE:

GEORGE B. TOWER IR

FILED