## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011943 (6)

AEROTEL, INC.

## **FILED** Jan 29 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2489 BROAD STREET 2489 BROAD STREET BROOKSVILLE FL 34809 BROOKSVILLE FL 34609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 17076 Flight Path Drive 17076 Flight 59-3175174 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Brocksville FL Added to Fees Brooksuille Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible USA BISA 34609 Yes X No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DEGEEST, GORDON E Street Address (P.O. Box Number is Not Acceptable) 2489 BROAD STREET **BROOKSVILLE FL 34609** Brooksuille Zip Code ろくしら 84 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE TITLE 1.1 TITLE DEGEEST, GORDON E 1.2 NAME NAME 2489 BROAD STREET 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZIP 2.4 CITY-ST-ZIP Change Addition \_\_\_ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP \_\_ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

6.4 CITY-ST-ZIP

SIGNATURE:

<u>01- 22-98</u>

352-799-5191