


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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000056630 (5)**

1. Corporation Name
AEROAGE, INC.



Principal Place of Business

**8703 AIRPORT BLVD.
LEESBURG FL 34788
US**

Mailing Address

**8703 AIRPORT BLVD.
LEESBURG FL 34788
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1993

2. Principal Place of Business

2a. Mailing Address

21 **8703 AIRPORT BLVD.**

26 **8703 AIRPORT BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 2**

27 **SUITE 2**

City & State

City & State

23 **LEESBURG, FL**

28 **LEESBURG, FL**

Zip

Country

Zip

Country

24 **34788**

25 **USA**

29 **34788**

30 **USA**

4. FEI Number

59-3196265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUCKETT, TYSON L
8703 AIRPORT BLVD.
LEESBURG FL 34788**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST** ☒ DELETE
NAME **PUCKETT, LEWIS A.**
STREET ADDRESS **8703 AIRPORT BLVD.**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE **PST** ☐ Change ☒ Addition
1.2 NAME **PUCKETT, TYSON**
1.3 STREET ADDRESS **8703 AIRPORT BLVD. SUITE 2**
1.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **CHASTAIN, RODNEY G.**
2.3 STREET ADDRESS **214 DEBORAH AVENUE**
2.4 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Y. Chastain*

3-35-98 (202) 35-0583

CR2E034 (10/97)