

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90086 039 ***150.00

DOCUMENT # P94000015066

1. Corporation Name

AET, INC.

Principal Place of Business

1900 S. HARBOR CITY BLVD.
SUITE 115
MELBOURNE FL 32901
US

Mailing Address

P.O. BOX 33071
INDIALANTIC FL 32903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

59-3226810

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, THOMAS J JR
650 ISLAND CLUB CT
#140
INDIALANTIC FL 32903

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 PD ☐ DELETE

NAME SANDERS, THOMAS J SR.

STREET ADDRESS 331 SEABREEZE DR.

CITY-ST-ZIP INDIALANTIC FL

TITLE D ☐ DELETE

NAME COMBS, CLYDE JR

STREET ADDRESS 499 CINNAMON DRIVE

CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ DELETE

NAME DAVIS, JACOB A

STREET ADDRESS 370 FRANKLYN AVENUE

CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ DELETE

NAME MEANS, DALE P

STREET ADDRESS 2435 HOMESTEAD LANE

CITY-ST-ZIP MALABAR FL 32950

TITLE D ☐ DELETE

NAME QUINN, BOBBY G

STREET ADDRESS 3092 S. RIO BAYA

CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST

SANDERS, Thomas J. JR.

650 ISLAND CLUB CT, #140

INDIALANTIC, FL 32903

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, with all other like empowered.

SIGNATURE:

Thomas J. Sanders Jr.

Thomas J. Sanders Jr.

2-26-99 407.727.

Date

Daytime Phone #

CR2E034 (11/98)