FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:19

DOCUMENT # P94000066332 (5)

1. Corporation Name
AEROQUEST, INC.

Principal Place of Business	Mailing Address
9000 SEMINOLE BLVD. SEMINOLE FL 34642	9000 SEMINOLE BLVD. SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3268371 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AHLQUIST, BRYAN
9000 SEMINOLE BLVD.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D, PRESIDENT	☒ Change ■ Addition
NAME	AHLQUIST, BRYAN	1.2 NAME		
STREET ADDRESS	9000 SEMINOLE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	D, VICE PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	WAYNE WITT	
STREET ADDRESS		2.3 STREET ADDRESS	9000 SEMINOLE BLVD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		3.1 TITLE	D, TREASURER	☐ Change ☒ Addition
NAME		3.2 NAME	GREG HEMBREE	
STREET ADDRESS		3.3 STREET ADDRESS	9000 SEMINOLE BLVD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		4.1 TITLE	D, ASST VICE PRES	☐ Change ☒ Addition
NAME		4.2 NAME	TOM EVANS	
STREET ADDRESS		4.3 STREET ADDRESS	9000 SEMINOLE BLVD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		5.1 TITLE	D, ASST. VICE PRES	☐ Change ☒ Addition
NAME		5.2 NAME	BRINTON RIDGEWAY	
STREET ADDRESS		5.3 STREET ADDRESS	9000 SEMINOLE BLVD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		6.1 TITLE	D, SECRETARY	☐ Change ☒ Addition
NAME		6.2 NAME	ART SCHILL	
STREET ADDRESS		6.3 STREET ADDRESS	9000 SEMINOLE BLVD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SEMINOLE, FL 34642	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: X V.P. PRES BRYAN AHLQUIST, PRESIDENT 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037484 CP