

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

FILED
Feb 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

4. FEI Number

58-3268371

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

33772

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

TITLE

DP

☐ DELETE

NAME

AHLQUIST, BRYAN

STREET ADDRESS

9000 SEMINOLE BLVD.

CITY - ST - ZIP

SEMINOLE FL

TITLE

DVP

☐ DELETE

NAME

WITT, WAYNE

STREET ADDRESS

9000 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOLE FL

TITLE

DT

☐ DELETE

NAME

HEMBREE, GREG

STREET ADDRESS

9000 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOLE FL

TITLE

DAVP

☐ DELETE

NAME

EVANS, TOM

STREET ADDRESS

9000 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOLE FL

TITLE

DAVP

☐ DELETE

NAME

RIDGEWAY, BRINTON

STREET ADDRESS

9000 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOL FL

TITLE

DS

☐ DELETE

NAME

SCHILL, ART

STREET ADDRESS

9000 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Gregory J. Hembree **GREGORY J. HEMBREE** 2-14-98

CR2E034 (10/97)