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

DOCUMENT # P94000066332

AEROQUEST, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90017 032 ***150.00



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9000 SEMINOLE BLVD. SEMINOLE FL 33772 US	9000 SEMINOLE BLVD. SEMINOLE FL 33772 US			DO NOT WRITE IN THIS SF	PACE	
				3. Date Incorporated or Qualifed 09/06/1994		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-3268371	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2ip Country 24 25	Zip Country 29 30		8. This corporation owes the current year Intangent Personal Property Tax.	rible]Yes XNo		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
AHLQUIST, BRYAN	Pro Michael Conference	81	Name	•		
9000 SEMINOLE BLVD.		82	Street Address (P.O. Box Number is Not Acceptable)			
		83				
Mark Commencer State	المعالم	84		FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	-named corpora	ation submits this statement for the purpose of cha	anging its registered	

agent, ram rammar with, and accept the obligations of, Section 607.0505, Fibrida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling). DATE									
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2					
TITLE	DP · □ DELETE	1.1 TITLE	Change ☐ Add	lition					
NAME	AHLQUIST, BRYAN	1.2 NAME	****	- 1					
STREET ADDRESS,	9000 SEMINOLE BLVD.	1.3 STREET ADDRESS	ss	.					
CITY-ST-ZIP	SEMINOLE FL	1,4 CITY-ST-ZIP							
TITLE .	DVP DELETE	2.1 TITLE	Change Add	lition					
NAME	WITT, WAYNE	2.2 NAME							
STREET ADDRESS	9000 SEMINOLE BLVD	2.3 STREET ADDRESS	ss	,					
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP							
TITLE	DT → COUNT	3.1 TITLE	Change Add	noitit					
NAME.	HEMBREE, GREG	3.2 NAME							
STREET ADDRESS	,9000 SEMINOLE BLVD	3.3 STREET ADDRESS	SS 기 시간 기가 가는 그 가는 그 사람이 나를 모든 아니는 이 사람이 되었다.	1 6					
CITY-ST-ZIP	SEMINOLE FL	3.4. CITY- ST-ZIP	等於1.4.4.2.1 (1.4.1) (1.4.1.1) [1.4.1.1] [1.4.1.1] [1.4.1.1] [1.4.1.1]	ġş.					
TITLE	DAVP DELETE	4.1 TITLE	Chánge 15 1 Add	fition					
NAME AT A ST	EVANS, TOM	4.2 NAME		1					
STREET ADDRESS	9000 SEMINOLE BLVD	4.3 STREET ADDRESS	SS						
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP							
TITLE	DAVP DELETE	5.1 TITLE	Change Ado	lition					
NAME	RIDGEWAY, BRINTON	5.2 NAME							
STREET ADDRESS	9000 SEMINOLE BLVD	5.3 STREET ADDRESS		i					
CITY-ST-ZIP	SEMINOL FL	5.4 CITY-ST-ZIP							
TITLE :	DS. DELETE	6.1 TITLE	☐ Change ☐ Ado	lition					
NAME	SCHELL, ART	6.2 NAME	;						
STREET ADDRESS	9000 SEMINOLE BLVD	6.3 STREET ADDRESS	SS	}					
CITY-ST-ZIP	SEMINOLE FL	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 or an attachment with an address, with all other like empowered.