

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 10: 07

DOCUMENT # **P94000091555 (0)**

1. Corporation Name

**AEROJET SERVICE CENTER, INC.**

Principal Place of Business

Mailing Address

240 AVIATION DR N  
NAPLES FL 33942

240 AVIATION DR N  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/16/1994

4. FEI Number

Applied For

65-0546655

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

7. This corporation has liability for intangible tax under S. 100.022, Florida Statutes

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

10. Name and Address of New Registered Agent

DEKKERS, H. G.  
240 AVIATION DR N  
NAPLES FL 33942

81 Name

Daniel Smith

82 Street Address (P.O. Box Number is Not Acceptable)

240 Aviation Dr. N

83

Naples FL 33942

84 City

Naples

FL

85 Zip Code

33942

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 607.0508, Florida Statutes.

SIGNATURE

*Daniel Smith*

DANIEL SMITH

3/8/95

Signature of (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: DEKKERS, RUDI H  
STREET ADDRESS: 240 AVIATION DR N  
CITY - ST - ZIP: NAPLES FL 33942

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: D  
NAME: SMITH, DANIEL  
STREET ADDRESS: 240 AVIATION DR N  
CITY - ST - ZIP: NAPLES FL 33942

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: D  
NAME: STETSON, DAVID B  
STREET ADDRESS: 240 AVIATION DR N  
CITY - ST - ZIP: NAPLES FL 33942

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel Smith* DANIEL SMITH

3/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #