

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001623 (4)

1. Corporation Name

AERO CORPORATION



Principal Place of Business

Mailing Address

5530 EAST HIGHWAY 90
LAKE CITY AIRPORT
LAKE CITY FL 32055

P. O. BOX 1909
LAKE CITY FL 32056-1909

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

✓

Applied For
Not Applicable

4. FEI Number

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(Initials) Registered Agent Signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman of the Board
NAME George F. Baker
STREET ADDRESS 5530 East Highway 90
CITY-ST-ZIP Lake City, FL 32055

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition

TITLE President and Chief Executive Officer
NAME Mark A. Owen
STREET ADDRESS 5530 East Highway 90
CITY-ST-ZIP Lake City, FL 32055

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

TITLE Vice President and Secretary
NAME E. Forrest Campbell, III
STREET ADDRESS 5530 East Highway 90
CITY-ST-ZIP Lake City, FL 32055

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE Vice President and Treasurer
NAME Daniel R. Donham
STREET ADDRESS 5530 East Highway 90
CITY-ST-ZIP Lake City, FL 32055

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark A. Owen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Owen PRESIDENT

8/7/96 (904) 758-3000

CR2E034 (3/96)