

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024088 (2)**

1. Corporation Name

**AOT ENTERPRISES, INC.**



Principal Place of Business

**84457 OLD OVERSEAS HWY  
ISLAMORADO FL 33036**

Mailing Address

**84457 OLD OVERSEAS HWY  
ISLAMORADO FL 33036**

3. Date Incorporated or Qualified

**03/12/1996**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

**65-0659166**

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA-LAWDOCK, INC.  
222 LAKEVIEW AVENUE  
4TH FLOOR  
WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent

81 Name

**LARRY A. THOMAS**

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

**84457 Old Overseas Hwy**

83

**Islamorada**

84 City

**Islamorada**

85

Zip Code

**FL**

**33036**

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

**Larry A. Thomas, V-P**

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4/9/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P T D** ☒ Change ☒ Addition  
1.2 NAME **Albert O. Thomas**  
1.3 STREET ADDRESS **401 Mossey Store Ct**  
1.4 CITY - ST - ZIP **Longwood, Fla 32779-6027**

2.1 TITLE **V-P & D** ☒ Change ☒ Addition  
2.2 NAME **Larry A Thomas**  
2.3 STREET ADDRESS **84457 Old Overseas Highway**  
2.4 CITY - ST - ZIP **Islamorada Fla 33036**

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/97**

Date

**305-664-4438**

Daytime Phone #

CR2E034 (9/96)