

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

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FILED

Aug 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PC0000038400
 1. Corporation Name
Low Trajectory Inc

Principal Place of Business Mailing Address
779 Cortaro Dr
Sun City Center FL 33573

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
 4. FEI Number 59-3379938 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
 81 Name BLAIR W. CLARK
 82 Street Address (P.O. Box Number is Not Acceptable) 5701 SUN BLVD
 83 PO Box 13175
 84 City St Petersburg FL 85 Zip Code 33733

10. Name and Address of New Registered Agent
 81 Name BLAIR W. CLARK
 82 Street Address (P.O. Box Number is Not Acceptable) 5701 SUN BLVD
 83 PO Box 13175
 84 City St Petersburg FL 85 Zip Code 33733

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

12. Remaining Officers OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>President</u>	<u>Douglas Adams</u>	<u>779 Cortaro Dr.</u>	
		<u>Sun City Center FL</u>	<u>33573</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<u>S = Secretary</u>	<u>Kimberly Allen</u>	<u>2602 Bellwood Dr.</u>	
		<u>Brandon FL</u>	<u>33511</u>	

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] 7-22-97 8136330020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)