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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038400 (3)

LOW TRAJECTORY INC.

Principal Place of Business Mailing Address 779 CORTARO DR 779 CORTARO DR.

FILED Feb 26 1998 8:00am Secretary of State



SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3379938 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & Stato \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, BLAIR W. 5901 SUN BLVD. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33733 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.

12. JELETE Change Addition TITLE 11 TITLE ADAMS, DOUGLAS D NAME 1.2 NAME 779 CORTARO DR STREET ADDRESS 1.3 STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 2.1 TITLE NAME ALLEN, KIMBERLY 2.2 NAME STREET ADDRESS 2602 BELLWOOD DR. 2.3 STREET ADDRESS CITY-ST-2IP **BRANDON FL 33511** 2. 4 CITY+ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-SY-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TOTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 5 4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 informatic 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 roceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or once a gladeling with an Address.

SIGNATURE:

KIMBERLY ALLEN 2-17-98

6.4 CITY - ST - ZIP

836330020