## 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 # P96000047801 (1)

**AERO PRECISION, INC.** 

Mailing Address Principal Place of Business

**FILED** May 13 1998 8:00am Secretary of State

28000 AIRPORT ROAD. SUITE A-18 PUNTA GORDA FL 33982		28000 AIRPORT ROAD. SUITE A-18 PUNTA GORDA FL 33982		8	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					05/31/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26			65-0680471	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Z (p	30 Cou	intry	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	current year Intangible
g, Name and Address of Current Registered Agent				1	10. Name and Address of New Registers	d Agent
C\4	·····			81 Name		<u> </u>
CVELBAR, FRANK T 22469 QUASAR BLVD. PORT CHARLOTTE FL 33952					reet Address (P.O. Box Number is Not Acceptable)	
				82 Street Add		
PONI CHARLOTTE PL 33892				83		
				<u> </u>		
				84 City	F	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						
O GARANTON IL	Signature, typed or printed name of registered ag			d Agent signature requ		
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 T	I .		Change Addition
NAME	CVELBAR, FRANK T		1.2 N	AME		
STREET ADDRESS 28000 AIRPORT ROAD, SUITE A-18			1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982			ITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 T	ITLE		Change Addition
NAME	CVELBAR, GLORIA A		. 2.2 N	AME		
STREET ADDRESS	TREET ADDRESS 28000 AIRPORT ROAD, SUITE A-18			TREET ADORESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		2.40	CITY-ST-ZIP		
TITLE	S	☐ DELETE	317	ITLE		Change Addition
NAME	GILHAM, KENNETH BO II		3.2 N	AME		
STREET ADDRESS	28000 AIRPORT ROAD, SUIT	TE A-18	3.3 S	TREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		3.4. 0	CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 T	ITLE		Change Addition
NAME	LECHLEITER, ANNE		4.21	KAME		
STREET ADDRESS			4.3 \$	TREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		4.4 0	ITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP			5.4 0	ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 T	<del></del>		Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS				TREET ADDRESS		
OTTY OF 310				1TV 67 74D		

14. I hereby certify that the information supplied with this tiling 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.

4-15-98 941-575-2300