

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000032876 (9)
1. Corporation Name

HOOVER AVIATION TECHNOLOGY, INC.

Principal Place of Business

4420 MERCANTILE AVE. #110
NAPLES FL 34104

Mailing Address

4420 MERCANTILE AVE. #110
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

59-3489230

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

34104

Coulter

31717

Decatur

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, ANN T
2124 AIRPORT RD SOUTH, SUITE 102
NAPLES FL 34112

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRES. TRGS. CHAIRMAN ☐ DELETE

NAME HOOVER, ROBERT
STREET ADDRESS 2124 AIRPORT RD S, #102
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☒ DELETE

NAME BLEVINS, JAMES
STREET ADDRESS 2124 AIRPORT RD S, #102
CITY-ST-ZIP NAPLES FL 34112

TITLE D HOOVER DANE F. (SEC) ☐ DELETE

NAME ~~HOOVER DANE F. (SEC)~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D DAVID C. ROLLINS (VP) ☐ DELETE

NAME ~~DAVID C. ROLLINS (VP)~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ~~MARK FARRELL~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ~~ROBERT BOWMAN~~
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Thomas McGrovy

D (SEC)
DANE F. HOOVER

D (VP)
DAVID C. ROLLINS

D MARK FARRELL

D Robert Bowman

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 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:

ROBERT HOOVER 9/2/98 912-2437811

CR2E034 (5/98)