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Secretary of State

03-11-1999 90105 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000020994

1. Corporation Name

AVIATION TECHNICAL PUBLICATIONS, INC.

Principal Place of Business
 548 MARY ESTHER CUTOFF, #282
 FT. WALTON BEACH FL 32548

Mailing Address
 548 MARY ESTHER CUTOFF, #282
 FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3497036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible
 Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

28. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

SCOTT, THOMAS B JR.
 757 HIGHWAY 98E, #14-101
 DESTIN FL 32541

10. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent Signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME JIM FOLMAR
 STREET ADDRESS 3046 GRADY TOLBERT RD.
 CITY-ST-ZIP NAVARRE, FL 32566

1.1 TITLE TREASURER ☐ Change ☐ Addition
 1.2 NAME NONE
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME JOHN ROGGE
 STREET ADDRESS 410 TANGLEWOOD DR.
 CITY-ST-ZIP FT. WALTON BEACH, FL 32547

2.1 TITLE BOARD MEMBER ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME TOM SCOTT
 STREET ADDRESS 757 HWY 98E # 14-101
 CITY-ST-ZIP DESTIN, FL 32541

3.1 TITLE PRESIDENT ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☒ DELETE
 NAME STEVE KUNST
 STREET ADDRESS 1998 BISCAYNE BLVD.
 CITY-ST-ZIP NAVARRE, FL 32566

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-99

850-664-7993

Date

Daytime Phone #

CR2E034 (11/88)