

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90129 031 ***150.00

DOCUMENT # P98000049262

1. Corporation Name
AEROLOGIC, INC.

Principal Place of Business
**1311 N. HIGHWAY U.S. 1 #129-W
TITUSVILLE FL 32796**

Mailing Address
**1311 N. HIGHWAY U.S. 1 #129-W
TITUSVILLE FL 32796**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3513546

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 610 SHERIDAN WOODS DR.

2a. Mailing Address

26 610 SHERIDAN WOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 W. MELBOURNE, FL

City & State

28 W. MELBOURNE, FL

Zip Country

24 32904

Zip Country

29 32904

30

9. Name and Address of Current Registered Agent

**COPELLA, JOHN C
1311 N. HIGHWAY U.S. 1
SUITE 129-W
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name

COPELLA, JOHN C

82 Street Address (P.O. Box Number is Not Acceptable)

610 SHERIDAN WOODS DR

83

84 City

W. MELBOURNE

FL

85 Zip Code

32904

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

John C. Coppella **JOHN C. COPELLA**

2/14/1999

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D COPELLA, JOHN C**
STREET ADDRESS **1311 N. HIGHWAY U.S. 1 #129-W**
CITY-ST-ZIP **TITUSVILLE FL 32796**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D COPELLA, JOHN C
610 SHERIDAN WOODS DR
W. MELBOURNE, FL 32904

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

John C. Coppella **JOHN C. COPELLA**

2/14/1999 (407) 861-9087

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)