

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

004696

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 JUL 20 PM 2:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G72757**
 1. Corporation Name
ATLANTIC AERIAL SURVEYS, SOUTHEAST, INC.

Principal Place of Business: 106 NW DRANE ST. PLANT CITY FL 33566 US
 Mailing Address: 106 NW DRANE ST. PLANT CITY FL 33566 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1983**

4. FEI Number: **59-2468879** 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: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **ROOKS, ISAAC F JR. 12206 BASS OAK CT RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> DELETE
NAME	ROOKS, ISAAC F JR.	
STREET ADDRESS	12206 BASS OAK CT	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROOKS, EDWARD M.	
STREET ADDRESS	12206 BASS OAK CT	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	300002948283
23 STREET ADDRESS	-08/03/99--01003--014
24 CITY-ST-ZIP	***150.00 ***150.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: Isaac F. Rooks, Jr Isaac F. Rooks, Jr 6-30-99 813-752-2113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)