FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90167 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION CF CORPORATIONS**

DOCUMENT # 621524

1. Corpo ation Name

AIR MASTERS OF NORTHWEST FLORIDA, INC.

						⊣ 1	<u> </u>				
•	ce of Business	Mailing Address									
22 GILMORE 1	•	122 GILMORE DRIVE									
GULF BREEZE FL 32561 GULF BREEZE FL 32561						DO NOT WRITE IN THIS SPACE					
						3 Date	Incorporated or Qualifect				
						05/1	4/1979	, 		,	
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEIN				At b	lied For
1		26				59-1	912567				Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certif	cate of Status Desired		7	75 A	dditional juired
City & Stat	te	City & State				6. Electi	on Campaign Financing		\$5	.00 N	Лау Ве
3		28				Trust	Fund Contribution			ded to	•
Zip	Country	Zip	Cou	intry		8. This o	orporation owes the cur	rent year	Intangible		
4	25	29	30				nal Property Tax.	•	_ ☐ Yes	[□No
-1	9. Name and Address of Curr	ent Registered Agent		Г		10. Name	and Address of New	Register	ed Agent		
				81	Name	-					
MANN, DAVID N				-		(D.O. D.		1 - V			
2030 FILLY RD				82	Street Addr	ess (P.O. Bo	x Number is Not Accept	iable)			
CAONTONMENT FL 32533				83							
				84	City			r	85	Zip C	ode
11 Dureuant	to the provisions of Sections 607.0	501) and 607 1508 Florida State	ites the al	hove	named carne	oration subm	ts this statement for the	-		na its n	egistered
office or i	registered agent, or both, in the Stat	le of Florida. Such change was	authorized	by th	ne corporation	n's board of	directors. I hereby acce	pt the ap	pointment	as req	istered
agent. I a	am familiar with, and accept the obli	nations of Section 607 0505. F	orida Stati								
SIGNATURE		ganorio di, doction dariodde, .		utes.							
SIGNATURE											
	Signature, typed or printed name of registered a	gen and title if applicable. (NO	E: Registered		signature require	when reinstating		DATE		CTO	
12.	Signature, typed or printed nome of registered a OFFICERS A	gen and title if applicable. (NO	E: Registered	Agent s	signature require		ONS/CHANGES TO O	DATE	AND DIRE		S IN 12
12. TILE	Signature, typed or printed name of registered a OFFICERS A	gen and title if applicable. (NO	E: Registered 13.	Agent s	signature required			DATE			S IN 12
12. HTLE NAME	Signature, typed or printed in the of registered a OFFICERS /	gen and title if applicable. (NO	13. 1.1 Til	Agent s				DATE	AND DIRE		S IN 12
12. NTLE	Signature, typed or printed nome of registered a OFFICERS A MANN, WILLIAM LAMON 122 GILMORE	gen and title if applicable. (NO	13. 1.1 TT 12 NA 1.3 ST	Agent s TLE AME	DDRESS			DATE	AND DIRE		S IN 12
12. HTLE NAME STREET ADOR! SS	Signature, typed or printed nome of registered a OFFICERS / PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL	gen and title if applicable. (NO AN.) DIRECTORS	E: Registered 13. 1.1 TT 12 NA 1.3 ST 1.4 CI	Agent s TLE AME TY-ST-	DDRESS			DATE	AND DIRE	ange	RS IN 12
12. TITLE NAME STREET ADOR! SS CITY-ST-ZIP	PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL	gen and title if applicable. (NO	13. 1.1 TT 12 NA 1.3 ST	Agent s TLE AME TY-ST-	DDRESS			DATE	AND DIRE	ange	RS IN 12
12. RITLE VAME STREET ADORESS CITY-ST-ZIP TITLE	PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL TD MANN, WILLIAM LAMON	gen and title if applicable. (NO AN.) DIRECTORS	E: Registered 13. 1.1 TT 12 NA 1.3 ST 1.4 CI	Agent s TLE AME TY-ST-	DDRESS			DATE	AND DIRE	ange	RS IN 12
12. NAME STREET ADOR! SS CITY-ST-ZIP TITLE NAME	PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL TD MANN, WILLIAM LAMON 123 GILMORE 124 GILMORE 125 GILMORE 126 GILMORE 127 GILMORE	gen and title if applicable. (NO AN.) DIRECTORS	E: Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	TLE AME TREET ATTY-ST-	DDRESS			DATE	AND DIRE	ange	RS IN 12
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12. IAME STREET ADDRESS STY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed its me of registered a OFFICERS A PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL TD MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL S MANN, DAVID N 2030 FILLY RD	gen and title if applicable. (NO AN:) DIRECTORS DELETE	E: Registered 13. 1.1 TT 12 NA 1.3 ST 1.4 CF 2.1 TTI 2.2 NA 2.3 ST 2.4 CF 3.1 TTI 3.2 NA 3.3 ST	Agent s TLE AME TY-ST-, TLE AME TREET A TY-ST- TLE TREET A	DDRESS ZIP DDRESS ZIP			DATE	AND DIRE	ange	RS IN 12 Addition
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Z. TILE MME REET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS TY-ST-ZIP	Signature, typed or printed its me of registered a OFFICERS A PT MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL TD MANN, WILLIAM LAMON 122 GILMORE GULFBREEZE FL S MANN, DAVID N 2030 FILLY RD	gen and title if applicable. (NO AN:) DIRECTORS DELETE	E: Registered 13. 1.1 TT 12 NA 1.3 ST 1.4 CF 2.1 TTI 2.2 NA 2.3 ST 2.4 CF 3.1 TTI 3.2 NA 3.3 ST	Agent s TILE TILE TY-ST-: TILE THEET A TY-ST-: TILE TY-ST- TILE TITY-ST- TILE TITY-ST- TILE TITY-ST- TILE	DDRESS ZIP DDRESS ZIP			DATE	AND DIRE	ange ange	RS IN 12 Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 each, 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 in Changed, or pin an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRE 3S

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

☐ Addition