FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F94000005320 (6)

1. Corporation Name
AIRTEK ENGINEERING AND CONSTRUCTION, INC.

Principal Place of Business
700 HUDSON ST.
TROY AL 36081

Mailing Address
PO BOX 388
TROY AL 36081-0388
US

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report: 04/25/1996
4. FEI Number: 63-1095304 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, JOHN	1.2 NAME		
STREET ADDRESS	RT 3 BOX 142-A	1.3 STREET ADDRESS		
CITY-ST-ZIP	LUVERNE AL 36049	1.4 CITY-ST-ZIP		
TITLE	V ☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MONTGOMERY, WAYNE	2.2 NAME		
STREET ADDRESS	8653 ROYALWOOD DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	V ☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SMOLCIC, BARRY J	3.2 NAME		
STREET ADDRESS	700 HUDSON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TROY AL	3.4 CITY-ST-ZIP		
TITLE	TS ☐ DELETE	4.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	SMITH, MARK A	4.2 NAME		
STREET ADDRESS	RT T BOX 221 AA	4.3 STREET ADDRESS	RT. 1 BOX 221AA	
CITY-ST-ZIP	COLUMBIA AL	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Mark A. Smith MARK A. SMITH 3-13-97 334-566-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0476383