SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

* * * PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 19 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J17294** **(6)**

1. Corporation Name

CUSTOM AIR, INC.

"AMENDED RETURN"

Principal Place of Business	Mailing Address
2001 CATTLEMEN RD., UNIT J, SARASOTA FL 34232	2001 CATTLEMEN RD., UNIT J, SARASOTA FL 34232
1600 Barber Road Sarasota, Fl 34240	1600 Barber Road Sarasota, Fl 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1986
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 1600 Barber Rd
22 Suite, Apt. #, etc:
23 City & State: Sarasota, Fl
24 Zip: 34240
25 County: Sarasota

2a. Mailing Address
26: 1600 Barber Rd
27 Suite, Apt. #, etc:
28 City & State: Sarasota, Fl
29 Zip: 34240
30 County: Sarasota

4. FEI Number: 65-0023256 ☐ 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 nativity for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, DAVID M
219 S. ORANGE AVE.
SARASOTA FL 34236

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, title or capacity of registered agent and title, if applicable. (MUST be Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☒ Addition
NAME	MARKEY, JEFFERY J.	12 NAME	VPD
STREET ADDRESS	7309 CASTLE DR.	13 STREET ADDRESS	Gerald L Kurtz
CITY ST ZIP	SARASOTA FL 34240	14 CITY ST ZIP	501 Simmons Ave
TITLE	VSD	21 TITLE	Sarasota, Fl 34232 ☐ Change ☐ Addition
NAME	SCHLABACH, LARRY	22 NAME	
STREET ADDRESS	260 BEARDED OAKS DR	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34232	24 CITY ST ZIP	
TITLE		31 TITLE	400001547364 ☐ Change ☐ Addition
NAME		32 NAME	-06/20/95--01103--010
STREET ADDRESS		33 STREET ADDRESS	*****61.25 *****61.25
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Larry Schlabach — Larry Schlabach — 6-9-95 — 813-371-0833
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110206 CP