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

SIGNATURE:

Mar 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** K18226 (6)MODERN AIR SALES & SERVICE, INC. Principal Place of Business Mailing Address 11400 U.S. 19 NORTH 11400 U.S. 19 NORTH CLEARWATER FL 3401 CLEARWATER FL 04024 DO NOT WRITE IN THIS SPACE 33764 3. Date Incorporated or Qualified 03/14/1988 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2878453 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIRTON, JACK C 11400 US 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34624 83 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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 T(T) F GIRTON, JACK C. NAME 1.2 NAME 11400 US 19 NORTH STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition GIRTON, JACK C. NAME 2.2 NAME 11400 US 19 NORTH. STREET ADDRESS 23 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - Z(P 3.4. CITY - ST - ZIP DELETE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TATLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address. e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and that my signature shall have the same legal effect as if made under oath; that I am an ute this aport as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

3-18-98