FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:23

DOCUMENT # P93000071599 (3)

1. Corporation Name
COMMERCIAL AIR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3101 SE 18TH AVE. CAPE CORAL FL 33904	3101 SE 18TH AVE. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 826 CAL COVE DR
22 Suite, Apt. #, etc.
23 City & State: FT Myers, FL
24 Zip: 33919
25 Country

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

4. FEI Number: 65-0443866 ☐ 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

9. Name and Address of Current Registered Agent

ELLIS, JON R
3101 SE 18TH AVE.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: ELLIS JON R
82 Street Address (P.O. Box Number is Not Acceptable)
826 CAL COVE DRIVE
83
84 City: FT MYERS FL 85 Zip Code: 33919

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: Jon R Ellis JON R ELLIS 2-7-95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	ELLIS, JON R	1.2 NAME	
STREET ADDRESS	3101 SE 18TH AVE.	1.3 STREET ADDRESS	826 CAL COVE DRIVE
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	ELLIS, M S	2.2 NAME	
STREET ADDRESS	3101 SE 18TH AVE.	2.3 STREET ADDRESS	826 CAL COVE DRIVE
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Jon R Ellis 2-7-95 813 489-3977
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320404 CP