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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006060 (5)

AIR WARE OF PENSACOLA, INC.

					1 1 1 1 1 1 1 1	XXII DINA 00110 01111 1011 4011
Principal Place of Business Mailing Address						
2211 N PACE BLVD 2211 N PACE BLVD PENSACOLA FL 32505 PENSACOLA FL 32505						
FERONOUR PL 32303		PENSACOLA PL 32305		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
			*		01/14/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	1 26				59-3217818	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	
24	25		30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent OREDHALISEN AWDENCE W 81					10. Name and Address of New Registered Agent	
OBERHAUSEN, LAWRENCE W				Name		!
608 E. WRIGHT ST.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32501			83			
			83			
			84	City		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.						
agent I ar	m familiar with, and accept the obli	igations of, Section 607.0505, Flor	rida Statutes.		,	
SIGNATURE						
	Signature, typed or printed name of registered at	igent and title if applicable (NOTE IND DIRECTORS	Registered Agent	signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12.	OF ICERS A	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MAY, WILLIAM E JR		1.3 MILE 1.2 NAME	1		C) Citaline C Monton
STREET ADDRESS	13948 OLD RIVER ROAD ±	4 vA	1.3 STREET AL		129 4% Old Room Rd 19	
	PENSACOLA FL 32507	•			101 100 01	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - 2.1 FITLE	ZIP		Change
NAME	MAY, LUCINDA W		2.2 NAME	ľ		La change La radición
STREET ADDRESS	13948 OLD RIVER ROAD #	+ 1A	2.3 STREET AL	DDDree		
_	PENSACOLA FL 32507	•				
CITY-ST-ZIP TITLE	, 5.10.10-02-11-2-02-0	DELETE	2. 4 CITY-ST- 3.1 TITLE	ZIF		Change Addition
NAME			3.2 NAME	i		
STREET ADDRESS			3.3 STREET AL	JUNESCE		
CITY-ST-ZIP			3.4. CITY-ST-			
TITLE		DELETE	4.1 TITLE	EAF		Change Addition
NAME			4.2 NAME			
STREET ADORESS			4.3 STREET AL	DDRESS		
CITY-ST-ZIP			4.4 CITY-ST-			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	İ		
STREET ADDRESS			5.3 STREET AL	1DRESS		
CITY-ST-ZIP			5.4 CITY-ST-			
TITLE		DELETE	6.1 TITLE	£.If		Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET AC	AURESC		į
CITY-ST-ZIP			6.4 CITY-ST-			
	ertifu that the information supplied	with this tiling does not quality for			in Section 119.07/3Vit Florida Statutes 1 further	cortify that the information

Inereoy 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 atlachment with an address.

GNATURE:

SSO-492.6549

SIGNATURE: Sucrete War May

FILED

Apr 14 1998 8:00am

Secretary of State