

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **S37683**

(7)

1. Corporation Name

AMBIENT AIR SERVICES, INC.

Principal Place of Business

**106 AMBIENT AIR WAY
STARKE FL 32091
US**

Mailing Address

**106 AMBIENT AIR WAY
STARKE FL 32091-4540
US**



2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

04/12/1996

4. FEI Number

59-3055513

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

**JOSEPH L. COOKSEY JR
2356 CASEY LANE
GREEN COVE SPRINGS FL 32043**

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

(Signature of the person filing this report is required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **COOKSEY, JOSEPH L., JR.**
STREET ADDRESS **2356 CASEY LANE**
CITY, ST, ZIP **GREEN COVE SPRINGS FL**
TITLE **ST**
NAME **SHOLTES, DAVID C**
STREET ADDRESS **9113 NW 178TH TERRACE**
CITY, ST, ZIP **ALACHUA FL**
TITLE **VP**
NAME **SHOLTES, ROBERT S.**
STREET ADDRESS **2072 NW 14TH AVENUE**
CITY, ST, ZIP **GAINESVILLE FL**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 of this report, or on an attachment with an address.

SIGNATURE:

David C. Sholtes

3/21/97

(904) 964-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone (Area Code) Number

CR2E034 (9/96)