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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra G. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S24977 (8)

1. Corporation Name  
AIR-GLO INC.

Principal Place of Business  
3133 W. KENNEDY BLVD.  
TAMPA FL 33609

Mailing Address  
% WALTER SANDERS  
5121 EHRlich RD., #107B  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                               |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>01/14/1991                                                                                                               | 3a. Date of Last Report<br>04/21/1994                  |
| 4. FEI Number<br>59-3163785                                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                  | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                         | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation has liability for intangible tax under S. 199.032<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                                |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address            |
| 21. Suite, Apt. #, etc.        | 26. % WALTER SANDERS           |
| 22. City & State               | 27. 13910 N Dale Mabry Suite 1 |
| 23. Zip                        | 28. Tampa FL                   |
| 24. Country                    | 29. 33618                      |
| 25. US                         | 30. US                         |

9. Name and Address of Current Registered Agent  
SANDERS, WALTER  
5121 EHRlich ROAD  
BUILDING 107, SUITE B  
TAMPA FL 33624

|                                                                                      |
|--------------------------------------------------------------------------------------|
| 81. Name<br>Sanders, Walter                                                          |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br>13910 North Dale Mabry Hwy |
| 83. Suite One                                                                        |
| 84. City<br>Tampa                                                                    |
| 85. Zip Code<br>FL 33618                                                             |

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 if applicable

(NOTE: Registered Agent signature required when terminating)

3/24/95  
DATE

| 12. OFFICERS AND DIRECTORS |                       |
|----------------------------|-----------------------|
| TITLE                      | P                     |
| NAME                       | GLOVER, D. SCOTT      |
| STREET ADDRESS             | 3133 W. KENNEDY BLVD. |
| CITY - ST - ZIP            | TAMPA FL 33609        |
| TITLE                      | ST                    |
| NAME                       | GLOVER, JULIA         |
| STREET ADDRESS             | 3133 W. KENNEDY BLVD. |
| CITY - ST - ZIP            | TAMPA FL 33609        |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY - ST - ZIP            |                       |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY - ST - ZIP            |                       |
| TITLE                      |                       |
| NAME                       |                       |
| STREET ADDRESS             |                       |
| CITY - ST - ZIP            |                       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY - ST - ZIP                                   |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY - ST - ZIP                                   |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY - ST - ZIP                                   |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY - ST - ZIP                                   |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: D. Scott Glover D. Scott Glover 03-01-95 813-877-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number