

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 217276 (5)

1. Corporation Name

AIRGUIDE CORPORATION

99-1500-8162



Principal Place of Business

Mailing Address

795 WEST 20TH ST
HALEAH FL 33010-2466
US

795 WEST 20TH ST
HALEAH FL 33010-2466
US

3. Date Incorporated or Qualified

11/17/1958

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

27

28

4. FEI Number

59-0858574

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

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM
511 N. MASHTA DRIVE
KEY BISCAYNE FL

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME HEGAMYER, W.H.
STREET ADDRESS 511 N. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME HEGAMYER, L. K.
STREET ADDRESS 511 N. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V
STREET ADDRESS 1550 NE 123 ST, N-307
CITY-ST-ZIP N. MIAMI FL 33161

TITLE SD ☐ DELETE

NAME HEGAMYER, K. L.
STREET ADDRESS 261 GREENWOOD DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, D. C.
STREET ADDRESS 7850 SW 67 TERRACE
CITY-ST-ZIP MIAMI FL 33143

TITLE VD ☐ DELETE

NAME HINCKLEY, H. D.
STREET ADDRESS 6065 ROLLING RD DR
CITY-ST-ZIP MIAMI FL 33156

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

7845 SW 67th Terrace

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)(k), 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:

Kathy Hegamyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamyer

1/25/96

305-696-0830

Date

Daytime Phone #

CR2E034 (12/95)