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FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 217276

(5)

1. Corporation Name
AIRGUIDE CORPORATION

Principal Place of Business

795 WEST 20TH ST
HALEAH FL 33010-2406
US

Mailing Address

795 WEST 20TH ST
HALEAH FL 33010-2429
US



3. Date Incorporated or Qualified

11/17/1958

3a. Date of Last Report

02/28/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0658574

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

HEGAMYER, WILLIAM
511 N. MASHTA DRIVE
KEY BISCAYNE FL

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, typed or printed name of registered agent and title 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 33181

TITLE SD ☐ DELETE

NAME HEGAMYER, K L
STREET ADDRESS 281 GREENWOOD DR.
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, D C
STREET ADDRESS 7845 SW 67TH TERRACE
CITY- ST- ZIP MIAMI FL

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

33143

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 if changed, or on an attachment with an address

SIGNATURE: Kathy Heggmyer Kathy Heggmyer 1/15/97 305-696-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)