

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90025 001 \*3,450.00

DOCUMENT # 217276

1. Corporation Name  
AIRGUIDE CORPORATION

Principal Place of Business  
795 WEST 20TH ST  
HIALEAH FL 33010-2466  
US

Mailing Address  
6501 NW 37TH AVE  
MIAMI FL 33147  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1958

4. FEI Number

59-0858574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HEGAMYER, WILLIAM  
511 N. MASHTA DRIVE  
KEY BISCAVNE 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 BISCAVNE FL 33149

TITLE VD ☐ DELETE  
NAME HEGAMYER, L K  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY-ST-ZIP KEY BISCAVNE 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 BISCAVNE FL 33149

TITLE VD ☐ DELETE  
NAME MARTY, D C  
STREET ADDRESS 7845 SW 67TH 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

14. I 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, with all other like empowered.

SIGNATURE

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

305-696-0830

Date

Daytime Phone #

CR2E034 (11/98)