

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **261255** (4)

1. Corporation Name
AIRAD SYSTEMS, INC.

Principal Place of Business
**520 SOUTH JEFFERSON
P.O. BOX 12158
PENSACOLA FL 32590
US**

Mailing Address
**520 SOUTH JEFFERSON
P.O. BOX 12158
PENSACOLA FL 32590
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1962

4. FEI Number
59-0977621

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 119 W. Intendencia St.

2a. Mailing Address
26 119 W. Intendencia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Pensacola, FL

City & State
28 Pensacola, FL

Zip Country
24 32501 25 USA

Zip Country
29 32501 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENFIELD, JOHN
119 W INTENDENCIA ST
PENSACOLA 32501**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREENFIELD, JOHN
119 E INTENDENCIA ST
PENSACOLA FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EMLING, CHUCK
119 W INTENDENCIA ST
PENSACOLA FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**I
NEW, NED
119 W INERNDENCIA ST
PENSACOLA FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JESMONTH, RICHARD
119 W INTENDENCIA ST
PENSACOLA FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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.

SIGNATURE:

SIGNATURE REQUIRED

1/22/98

(50) 433-9953

CR2E034 (10/97)