

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

FILED  
May 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 527501 (1)

1. Corporation Name  
AIR ENTERPRISES, INC.



Principal Place of Business

Mailing Address

8621 - 115TH AVE NORTH LARGO  
PO BOX 4998  
SEMINOLE FL 33775  
US

8621 - 115TH AVE NORTH LARGO  
PO BOX 4998  
SEMINOLE FL 34645  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1977

4. FEI Number

59-1742680

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 8621-115 Ave N.

Suite, Apt. #, etc.

22

City & State

23 LARGO FL

Zip

24 33773

Country

25 US

2a. Mailing Address

26 P.O. Box 4998

Suite, Apt. #, etc.

27

City & State

28 SEMINOLE FL

Zip

29 33775

Country

30 US

9. Name and Address of Current Registered Agent

SPANG, JOHN P.  
7000 125TH ST. N.  
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81

Name

LISA E. WILCOX

82

Street Address (P.O. Box Number is Not Acceptable)

1962 DEBORAH AVENUE

83

84

City

LARGO

FL

85 Zip Code

33770

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

*Lisa E Wilcox*

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

PD  
SPANG, JOHN P  
7000-125TH ST N  
SEMINOLE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST  
WILCOX, LISA E  
1962 DEBORAH AVENUE  
LARGO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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: *Lisa E Wilcox* LISA Wilcox 4/27/98 813-397-6760

CR2E034 (10/97)