

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538971 (3)

1. Corporation Name

AIR DESIGN SYSTEMS, INC.

Principal Place of Business

Mailing Address

**400 EAST LURTON STREET
PO BOX 10830
PENSACOLA FL 32523-5830**

**400 EAST LURTON STREET
PO BOX 10830
PENSACOLA FL 32523-5830**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/11/1977	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1756694	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, WILLIAM C
1475 FINLEY DRIVE
PENSACOLA FL 32514**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	STD ☒ Change ☐ Addition
NAME	BROWN, JEAN NORRIS	1.2 NAME	Brown, Jean Norris
STREET ADDRESS	1475 FINLEY DRIVE	1.3 STREET ADDRESS	1475 Finley Drive
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	Pensacola FL 32514
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	BROWN, WILLIAM C	2.2 NAME	Brown, William C.
STREET ADDRESS	1475 FINLEY DRIVE	2.3 STREET ADDRESS	1475 Finley Drive
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	Pensacola FL 32514
TITLE	V	3.1 TITLE	V ☒ Change ☐ Addition
NAME	BORN, ROBERT W.	3.2 NAME	Born, Robert
STREET ADDRESS	16264 N SHORE DR.	3.3 STREET ADDRESS	16264 N. Shore Dr.
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	Pensacola FL 32514
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(d), 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:

Robert W Born Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

904-434-5592