FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00119 (0)

1. Corporation Name
~~ALTAIR MAINTENANCE SERVICES, INC.~~
ALTAIR ENVIRONMENTAL GROUP, INC

Principal Place of Business	Mailing Address
710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146	710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1980
3a. Date of Last Report: 06/13/1994

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

4. FEI Number: 59-2029147 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, WILLIAM B.
123 VARIETY TREE CIRCLE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: RALPH H. FOULDS
82 Street Address (P.O. Box Number is Not Acceptable): 710 SOUTH MILWEE ST
83
84 City: LONGWOOD FL 85 Zip Code: 32750

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: RALPH H. FOULDS — 5/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	STRINGHAM, JERRY M.	12 NAME		
STREET ADDRESS	47 LANCASHIRE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	MANSFIELD MA	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, WILLIAM B.	22 NAME	DECEASED	
STREET ADDRESS	123 VARIETY TREE CIR	23 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	PRESIDENT - TREASURER DIRECTOR	☒ Change ☐ Addition
NAME	RALPH FOULDS	32 NAME	RALPH H. FOULDS	
STREET ADDRESS	632 WOODRIDGE DR.	33 STREET ADDRESS	632 WOODRIDGE DR.	
CITY-ST-ZIP	FERN PARK FL	34 CITY-ST-ZIP	FERN PARK FL	
TITLE	AS	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	BENTLEY, MARY LEE	42 NAME	BENTLY, MARY LEE	
STREET ADDRESS	1814 BENT OAK CT	43 STREET ADDRESS	1814 BENT OAK CT.	
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	APOPKA. FL.	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ASSINI, CHARLES	52 NAME		
STREET ADDRESS	2341 KNOLLS VIEW DR	53 STREET ADDRESS		
CITY-ST-ZIP	SCHENECTADY, NY 00000	54 CITY-ST-ZIP		
TITLE	VPD	61 TITLE	ASST. V.P.	☒ Change ☐ Addition
NAME	ROTHENBERG, ROBERT L.	62 NAME	LAYTON, DONALD	
STREET ADDRESS	122 ICHABOD TRAIL	63 STREET ADDRESS	108 CENTENNIAL DR.	
CITY-ST-ZIP	LONGWOOD FL	64 CITY-ST-ZIP	SANFORD FL 32771	

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 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: RALPH H. FOULDS — PRES — 5/16/95 — (407) 339-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0415116 FP