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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:02

DOCUMENT # **F59511** **(8)**

1. Corporation Name
AUTOMOTIVE AIR, INC.

Principal Place of Business	Mailing Address
234 KING STREET COCOA FL 32922	234 KING STREET COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1981**
3a. Date of Last Report: **01/20/1994**

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

4. FEI Number: **59-2209037** ☐ 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

9. Name and Address of Current Registered Agent

HOLZNECHT, ROBERT H
234 KING ST
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: CANDA L. BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 1258 ROYAL BIRKDALE CIRCLE
83:
84 City: ROCKLEDGE FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: CANDA L. BAKER Canda L. Baker 1-5-95
(Signature, Street or postal number of registered agent, and the typed name above) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	HOLZKNECHT, ROBERT H	12 NAME		
STREET ADDRESS	234 KING ST.	13 STREET ADDRESS		
CITY ST ZIP	COCOA FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	HOLZKNECHT, PAUL T	22 NAME		
STREET ADDRESS	48 KNOWLWOOD DR.	23 STREET ADDRESS		
CITY ST ZIP	ROCKLEDGE FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	BAKER, DAVID	32 NAME		
STREET ADDRESS	1258 ROYAL BARK DALE CIR	33 STREET ADDRESS		
CITY ST ZIP	ROCKLEDGE, FL 00000	34 CITY ST ZIP		
TITLE		41 TITLE	ST	☐ Change ☒ Addition
NAME		42 NAME	CANDA L. BAKER	
STREET ADDRESS		43 STREET ADDRESS	1258 ROYAL BIRKDALE CIRCLE	
CITY ST ZIP		44 CITY ST ZIP	ROCKLEDGE FL 32955	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Canda L. Baker CANDA L. BAKER 1-5-95 407-636-0703
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #