

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003545 (0)**

1. Corporation Name

CARBONAIR ENVIRONMENTAL SYSTEMS, INC.



Principal Place of Business

**8640 MONTICELLO LANE
MAPLE GROVE MN 55369**

Mailing Address

**8640 MONTICELLO LANE
MAPLE GROVE MN 55369**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

06/23/1995

4. FEI Number

41-1457804

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer (check)

(If filer is Registered Agent, signature required when filing on)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
CO-CHAIRMAN	MOORHEAD, JOHN	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	
D	MUELLER, GERALD	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	
D	FORD, ROBERT	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	
D	HILL, ROBERT	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	
CEO	CONLIN, DON	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	
ASSISTANT SECRETARY/TREASURER	OST, SHAROYL	8640 MONTICELLO LANE	MAPLE GROVE MN 55369	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☒ Addition
PRESIDENT/TREASURER/COO/CFO	TOM FITZGERALD	8640 MONTICELLO LANE	MAPLE GROVE, MN 55369	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☒ Addition
SECRETARY	WILLIAM SCHOELL	8640 MONTICELLO LANE	MAPLE GROVE, MN 55369	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☒ Addition
DIRECTOR	F. WAYNE PACKARD	8640 MONTICELLO LANE	MAPLE GROVE, MN 55369	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☒ Addition

**000001891640
-07/12/96--01004--038
***225.00**

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)(k), 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:

Sharoyl K. Ost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (612) 493-0235
Date Date Filing Fee

CR2E034 (12/95)