**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **F9500000928**1. Corporation Name

GLOBAL ATMOSPHERICS, INC.

Principal Place of Business	
% LIGHTNING LOCATION AND PROTECTION. 2705 E. MEDINA RD., SUITE 111 TUSCON AZ 85706-7155	INC.

Mailing Address

% LIGHTNING LOCATION AND PROTECTION. INC. 2705 F. MEDINA RD., SUITE 111

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90013 025 \*\*\*150.00



TUSCON AZ 85	706-7155	TUSCON AZ 85706-7155				DO NOT WRITE IN THIS SPACE				
TUSCON ME 03	1000014 HE 00100-1100				3. Date Incorporated or Qualifed					
						02/24/1995		T	, - d = -	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	$\vdash$	<del></del>	ed For	
11		26				86-0785284			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certifcate of Status Desired=		75 Add e Requ		
City & State	•	City & State	9.0			6. Election Campaign Financing	\$5.	.00 ма	av Be	
	•	— ·				Trust Fund Contribution		ded to f	- /	
23	Country	Zip	Countr	~-		This corporation owes the current year Int				
Zip ¬		<b>⊢</b> `	30	,		Personal Property Tax.	Yes		]No	
4	25	29	30			10. Name and Address of New Registered		<del></del> =		
	9. Name and Address of Curre	nt Registered Agent	8	1	Name	to: Italiie and Address of New Registeres				
O.T.	CORROBATION SYSTEM		"	o f   Indilie						
	CORPORATION SYSTEM		82	2	Street Add	dress (P.O. Box Number is Not Acceptable)				
	S. PINE ISLAND RD.									
PLAI	NTATION FL 33324		8:	3						
			-	_	Cit.		85	Zip Co		
			84	•	City	FL	_   55	Ζιρ ΟΟ.	40	
	registered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by orida Statute	y th es.	e corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	munem a	as regis	nereu	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Ag	ent s	ignature requi	ired when reinstating) DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	10 DIRE	CTOR	S IN 12	
TITLE	С	DELETE	1,1 TITLE				Cha Cha	inge	Additio	
	ITO, MASAYOSHI		1,2 NAME							
NAME	2705 E. MEDINA RD.				nnoree 3	-8 OSAKI K. CHOME				
STREET ADDRESS	<del>-</del>				DDNESS 5	HINAGAWA - KW TOKYO	I	TPAN	d	
CITY-ST-ZIP	-TUSCON-AZ-85706-7155	DELETE	1.4 CITY-		3P 37	HINH GHWH - KILL , MICH	□ Cha	<u>,                                    </u>	☐ Additio	
TITLE	PD	E DECE IE	2.1 TITLE			•	L 0110	90		
NAME	ZUMBUSCH, PATRICK J		2.2 NAME	•						
STREET ADDRESS	2705 E. MEDINA RD.		2.3 STRE	ETA	DORESS					
CITY-ST-ZIP	TUSCON AZ 85706-7155		2.4 CITY	-ST-	ZIP					
TITLE	SD	☐ DELETÉ	3.1 TITLE				☐ Cha	inge	☐ Additio	
NAME	THATCHER, BRUCE		3.2 NAME	Ē						
STREET ADDRESS			3.3 STRE	ETA	DDRESS					
CITY-ST-ZIP	TUSCON AZ 85706-7155		3.4. CITY	-ST-	ZIP					
TITLE	TD	☐ DELETE	4.1 TITLE				Cha	ange	Addition	
NAME	SETO. KATSUHIKO		4.2 NAM	Е						
STREET ADDRESS					ODRESS 3	-> OSAKI MCHOME				
	-TUSCON AZ 85708-7155		4.4 CITY-			HINAGAWA - KU, TOKYO		IAPA	92	
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLE			11000	☐ Cha		Additio	
	-		5.2 NAME	=						
NAME	TAKAHASHI, SADAO		53 STRE	ETA	DDRESS >	- O SAKI 4 - CHONIZ				
STREET ADDRESS			5.4 CITY-		7ID -	Bushalla-hi Taky	٠.	- DD	AA)	
CITY-ST-ZIP	TUSCON AZ 85708-7155	□ pereze	6.1 TITLE		- 12 j	HINAGAWA-KU, TOKYO	1, CP.	enne	Additio	
TITLE		DELETE			Į	, P. ENGINEERING		uige	A	
NAME			6.2 NAME			CENNETH L. CUMMINS				
STREET ADDRESS						705 E. HEDINA ROAD				
CITY OF 710	1		6.4 CITY-	ST-2	ZIP  -7	TLACON AZ SITOL				

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 eq an attachment with an address, with all other like empowered.