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PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001901 (5)

AIR DYNAMICS, INC. (OF ALABAMA)

Principal Place of Business Mailing Address AIR DYNAMICS 1414 INDIAN HILL ROAD 1414 INDIAN HILL ROAD PRATTVILLE AL 36067 PRATTVILLE AL 36067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 63-1148189 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATE ACCESS 81 Name 1116-D THOMASVILLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Floride 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. × 13. PVD DELF TE Change Addition TITLE 1.1 TITLE **BROWN, DEREK S** 1.2 NAME NAME 1414 INDIAN HILL ROAD 1.3 STREET ADDRESS STREET ADDRESS PRATTVILLE AL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE JAMES, JOAN C 2.2 NAME NAME 282 AUTUMN WOOD TRAIL STREET ADDRESS 2.3 STREET ADDRESS **DECATUR AL 35603-9755** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change __ Addition TITLE 3 STITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change 900002535869 -05/27/98--01007--004 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 change (i), or organization ment with an address.

6.4 CiTY - ST - ZIP