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**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90143 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G31731**

1. Corporation Name  
**PERFORMANCE AIR OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business: 705 HENRY AVENUE, LEHIGH ACRES FL 33936  
 Mailing Address: 705 HENRY AVENUE, LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5891 Country Lakes Dr, Suite, Apt. #, etc. 22 Fort Myers, FL, Zip 24 33905  
 2a. Mailing Address: 26 5891 Country Lakes Dr, Suite, Apt. #, etc. 27 Fort Myers, FL, Zip 29 33905

3. Date Incorporated or Qualified: 03/28/1983  
 4. FEI Number: 59-2268032  
 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 owes the current year Intangible Personal Property Tax: Yes  No

9. Name and Address of Current Registered Agent  
**EDWARDS, JAMES E**  
**705 HENRY AVENUE**  
**LEHIGH ACRES FL 33936**

10. Name and Address of Now Registered Agent  
 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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	EDWARDS, JAMES D	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	DELETED
NAME	BEVIS, NEIL	
STREET ADDRESS	3276 62 ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	DELETED
NAME	BEVIS, CAROLE	
STREET ADDRESS	3276 62 ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	DELETED
NAME	EDWARDS, DEBRA A	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Debra Edwards* DEBRA Edwards 4-12-99 941-334-033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)