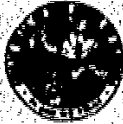


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H65578

(7)

1. Corporation Name

DO ALL AIR, INC.

Principal Place of Business

**4912 GEORGIA AVE
W. PALM BEACH FL 33405
US**

Mailing Address

**P O BOX 19694
W. PALM BEACH FL 33416-2694**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1985

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2604223

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, WILLIAM
4912 GEORGIA AVE
W. PALM BEACH FL 33405**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPS
GREEN, WILLIAM
4912 GEORGIA AVE
W. PALM BEACH FL**

1. 1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

**DVT
ROY, HAROLD E
4912 GEORGIA AVE
W PALM BEACH FL**

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.9 TITLE

☐ Change ☐ Addition

NAME

6.10 NAME

STREET ADDRESS

6.11 STREET ADDRESS

CITY-ST-ZIP

6.12 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.13 TITLE

☐ Change ☐ Addition

NAME

6.14 NAME

STREET ADDRESS

6.15 STREET ADDRESS

CITY-ST-ZIP

6.16 CITY-ST-ZIP

TITLE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.17 TITLE

☐ Change ☐ Addition

NAME

6.18 NAME

STREET ADDRESS

6.19 STREET ADDRESS

CITY-ST-ZIP

6.20 CITY-ST-ZIP

SIGNATURE: WILLIAM GREEN

04/17/95 407-833-7724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #