FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:28

DOCUMENT # **H74209** **(8)**

1. Corporation Name
NORTHERN AIR, INC.

Principal Place of Business	Mailing Address
6190 45TH ST. N. ST. PETERSBURG FL 33714	6190 45TH ST. N. ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1985
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business	2a. Mailing Address
21 7290 61st St. N.	26 7290 61st St. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pinellas Park, FL 34665	City & State 28 Pinellas Park, FL 34665
Zip 24	County 25
Zip 29	County 30

4. FEI Number: 59-2531232 ☐ 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

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

9. Name and Address of Current Registered Agent

PISIECZKO, CHARLES J.
3401 49TH ST. NO.
ST. PETERSBURG FL 33713

10. Name and Address of New 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 where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	OSBURN, GARLAND L.	12 NAME	OSBURN, GARLAND L.	
STREET ADDRESS	6190 45TH STREET NORTH	13 STREET ADDRESS	7290 61st St. N.	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	Pinellas Park, Fl 34665	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	OSBURN, BONNIE K.	22 NAME	OSBURN, BONNIE K.	
STREET ADDRESS	6190 45TH STREET NORTH	23 STREET ADDRESS	7290 61st St. N.	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	Pinellas Park, FL 34665	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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.

SIGNATURE: Bonnie K. Osburn V.P. 4/6/95 (813) 541-4324
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0311340 CP