FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT - CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K37690 1. Corporation Name

A-1 AUTO AIR, INC.

| AIAUN | o Alli, IIIO. | | | | | |
|--|--|---|------------------------------|-------------------------|--|--|
| Principal Place | of Business | Mailing Address | | | | ## # # # # # # # # # # # # # # # # # # |
| 101 MORRISON | ROAD | 101 MORRISON ROAD SUITE A | | | | |
| SUITE A SUITE A SUITE A SUITE A SUITE A BRANDON FL 33511 | | | | | DO NOT WRITE IN T | HIS SPACE |
| US US | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | 10/10/1988 | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For |
| 21 26 | | | | | 59-2912109 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 27 | | | | | | Fee Required |
| City & State | | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 | | 0 | | Trust Fund Contribution | Added to Fees | |
| Zip | | | Country | | This corporation owes the current yea Personal Property Tax. | rintangipie L∐Yes □No |
| 24 | 25 | 29 3 | 0 | | 10. Name and Address of New Register | |
| | 9. Name and Address of Currer | it Registered Agent | 81 | Name | 10. Hamo and read of the second | |
| STAI | NLEY, PATRICK H. | | | | | |
| 1010 GIGGLESWICK LANE | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| | NDON FL 33511 | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| | | | | <u></u> | pration submits this statement for the purpos | of changing its registered |
| agent. I a | egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age | of Florida. Such Change was auti itions of, Section 607.0505, Florid nt and title if applicable. (NOTE: R | la Statutes | | i when reinstating) DATI | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change Addition |
| TITLE | PD PATRICK II | ☐ DELETÉ | 1.1 TITLE | | | |
| NAME : | STANLEY, PATRICK H. | • • | 1.2 NAME | T ADDOCCO | | |
| STREET ADDRESS | 1010 GIGGLESWICK LANE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRANDON FL . | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | | ☐ Change ☐ Addition |
| TITLE | VSD CHELLAD | | 2.2 NAME | | • | |
| NAME | STANLEY, SHEILA D. | | 2.3 STREET ADDRESS | | | |
| STREET ADDRESS | 1010 GIGGLESWICK LANE | | 2.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | BRANDON FL | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| TITLE CONTRACT | M. N. Took of the second | | 3.2 NAME | | | |
| NAME STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| | | | 3.4. CITY-ST-ZIP | | | |
| CITY-ST-ZIP | | DELETE | 4.1 TITLE | | ., | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | .v | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | I ADDRESS I | | 5.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | 5.40 | | 5.4 CITY-S | ST-ZIP | | |
| TITLE | STATE OF STA | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| | | | 6.2 NAME | 1 | | |

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

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90005 046 ***158.75