





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90103 012 ***150.00

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DOCUMENT #	レククフロロ
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Corporation Name	

	SSIONAL AUTO AIR, INC.								
Principal Plac	e of Business	Malling Address				- Tibbolin all aini ann agus h	984 (BN 94817 B)	E11 81811 61811 8	
528 E 6 STREI	ET	528 E 6 STREET							
PANAMA CITY FL 32401 PANAMA CITY FL 32401		601			DO NOT WRI	TE IN THIS !	SPACE		
us us					3. Date Incorporated or Qualifed	TE III TAIO	JE AUL		
						01/25/1989			}
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Api	plied For
21	inde or paginers	26				59-2933856		No	Applicable
Suite, Apt.	. #, etc.	Suite, Apl. #, etc	·.			5. Certificate of Status Desired		\$8.75 A	
City & Sta	ta	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
ZIp	Country	Zpra	Co	ountry		9: This corporation owes the curr	eid year Inta		
24	25	29	30			Personal Property Tax.			□No □
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	Registered A	\gent	
			•	81 1	Name				}
	NAGE, PEGGY MRS			82 5	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
	D SHORES RD								
PAN	IAMA CITY FL 32404			83					ļ
				84 (City			85 Zip C	· ebo
l .				1 1	-		FL_		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	Statutes, the	above n	amed corpor	ration submits this statement for the	purpose of c	hanging its	registered
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stal am familiar with, and accept the obli-	<u>^</u>						hanging its iment as rec	
SIGNATURE	Signature, typed or printed name of registered a	gent and tife if applicable.	(NOTE: Registers	ed Agent air	named corporation	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	<u>^</u>	(NOTE: Registere	ed Agent air			DATE		
SIGNATURE 12.	Signature, typed or presid name of registered a OFFICERS /	gent and tife if applicable. AND DIRECTORS	(NOTE: Registere 1.31	ed Agent sig		when reinstating)	DATE	DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or presid name of registered a OFFICERS / P TURNAGE, TONY M.	gent and tife if applicable. AND DIRECTORS	(NOTE: Registere 13 13 TE 1.11	od Agent sig TITLE	gnature required	when reinstating)	DATE	DIRECTO	
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indicated on this shirtlet report or suppremental annual report is true and accurate and that my signature shall have the same regardlet as in made under odd, that is director of the corporation or the receiver or trustee empowered to excute 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: