

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25813

(1)

1. Corporation Name

AIRVIEW AWNINGS, INC.

Principal Place of Business

~~4421 SCHILKE WAY, #108~~
SANFORD FL 32771

Mailing Address

~~4421 SCHILKE WAY, #108~~
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1989

3a. Date of Last Report

02/23/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0164071

Applied For

Not Applicable

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. 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

BROOKS, JAMES A.

~~301 GOLF TEE LANE #201~~
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

624 BLACK IRONWOOD DR

83

84 City

DELAND

FL

85 Zip Code

32720

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

J.A. Brooks

DATE Registered Agent signature required when registering

4/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDS

NAME

BROOKS, JAMES A.

STREET ADDRESS

~~301 GOLF TEE LANE, #201~~

CITY ST ZIP

LONGWOOD FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

624 BLACK IRONWOOD DR
DELAND FL 32720

TITLE

V

NAME

JOHNSON, CRAIG E

STREET ADDRESS

242 N. COUNTRY CLUB RD

CITY ST ZIP

LAKE MARY FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

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)(b), 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:

J.A. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.A. Brooks PRES

4/2/95

Chapter 607