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

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 33008

1. Corporation Name

Dynamic Air Designs + Services, INC.

Principal Place of Business	Mailing Address
Milton Gray 2220 Green View Circle Orl. FL 32808	P.O. Box 680818 Orl. FL 32868-0818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-27-89	3a. Date of Last Report: 9-94
4. FEI Number: 59-2982513	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2220 Green View Cir	26 P.O. Box 680818
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Orlando FL	City & State: 28 Orlando Florida
Zip: 24 32808 Country: 25 ORANGE	Zip: 29 32868 County: 30 Orange

9. Name and Address of Current Registered Agent

Milton Gray
2220 Green View Circle
Orl. FL. 32808

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 when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	11 TITLE
NAME	Milton Gray	12 NAME
STREET ADDRESS	2220 Green View Circle	13 STREET ADDRESS
CITY ST ZIP	Orl FL 32808	14 CITY ST ZIP
		700001486387 -05/12/95--01108--001 ******8.75 ******8.75
TITLE	ST	21 TITLE
NAME	Caren Gray	22 NAME
STREET ADDRESS	2220 Green View Circle	23 STREET ADDRESS
CITY ST ZIP	Orl. FL 32808	24 CITY ST ZIP
		700001486387 -05/12/95--01108--002 ****200.00 ****200.00
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

DP 75th

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: _____ Milton Gray 4/18/95 407 351-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #