

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 APR 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38845** (8)

1. Corporation Name
AIR CORPS INC.

Principal Place of Business Mailing Address
% DOUGLAS W. ANDERSON
2908-A BAY TO BAY BLVD.
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/28/1989** 3a. Date of Last Report **08/23/1994**
4. FEI Number **59-2984631** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

ANDERSON, DOUGLAS W.
9610 HIDDEN OAKS CIRCLE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name **R. Seth Sandige**
82 Street Address (P.O. Box Number is Not Acceptable)
3125 Villa Rosa Avenue
83
84 City **Tampa** FL 85 Zip Code **33611**

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 for both, 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

[Signature]
Signature of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ANDERSON, DOUGLAS W.**
STREET ADDRESS **9610 HIDDEN OAKS CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1423 Washington St., #212**
1.4 CITY-ST-ZIP **Clarkesville, GA 30523**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **R. Seth Sandige**
2.4 CITY-ST-ZIP **3125 Villa Rosa**
Tampa, FL 33611

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), Florida Statutes. I further certify that this 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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. SETH SANDIGE

4-19-95 (813) 831-2311