**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)AIR 2 AIR, INC. Principal Place of Business Mailing Address % ALICE FAYE BRANDENBURG % ALICE FAYE BRANDENBURG 1827 JOHN ROAD 1827 JOHN ROAD DO NOT WRITE IN THIS SPACE CLEWISTON FL 33440 **CLEWISTON FL 33440** 3. Date Incorporated or Qualified 05/14/1990 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 65-0195166 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BRANDENBURG, ALICE FAYE 1827 JOHN ROAD Street Address (P.O. Box Number is Not Acceptable) **CLEWISTON FL 33440** 83 City 84 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 typed or printed name of regularied agent and title if applicable INOTE Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE ☐ Change TITLE **BRANDENBURG, ALICE FAYE** 1.2 NAME NAME 1827 JOHN ROAD 1.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE ☐ Change 2.1 TITLE TITLE BRANDENBURG, LARRY DALE NAME 2.2 NAME STREET ADDRESS 1827 JOHN ROAD 2.3 STREET ADDRESS **CLEWISTON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change 5.1 TITLE TITLE

14. Thereby 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, or on an attachment with an actriess.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

983-9535

Change

Applied For

Zip Code

☐ Addition

Addition

\_\_\_ Addition

Addition

Addition

Addition

Not Applicable