FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # L73400 AIR 2 AIR, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90024 036 ***150.00



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 Qualifed			
	:					05/14/1990			
		2a. Mailing Address				4. FEI Number		Applied For	
2. Principal Place of Business		26				65-0195166		Not Applicable	
21 Suite Ant # etc		Suite, Apt. #, etc.					\$8.7	Additional	
Suite, Apt. #, etc.		27.				5. Certifcate of Status Desired	_F_ee.	Required	
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year In	ntangible		
24	25	29 30	29 30			Personal Property Tax.	Yes	MNo	
	9. Name and Address of Current					10. Name and Address of New Registered Agent			
***		•		81	Name				
	NDENBURG, ALICE FAYE		82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)			
	JOHN ROAD			-				7 7 4 4	
- CLEV	WISTON FL 33440		[1	83			1		
			<u> </u>	84	City		85 Z	ip Code	
1		•			-	<u>. F</u>	L 1	`	
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									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					gnature required	when reinstating) DATE		TODO 11 40	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	Chan		
TITLE	D	☐ DELETE	1.1 TITL				Onland	,	
NAME	BRANDENBURG, ALICE FAYE		1.2 NAA						
STREET ADDRESS	1827 JOHN ROAD				DDRESS				
CITY-ST-ZIP			1.4 CIT		ZIP		Chan	ge Addition	
TITLE	_		2.1 ΤΙΤΙ		1		олап,	9- [
NAME	BRANDENBURG, LARRY DALE		2.2 NA						
STREET ADDRESS	1827 JOHN ROAD				DDRESS				
CITY-ST-ZIP	CLEWISTON FL	COCLETE	2. 4 CIT		ZIP		Chan	ge Addition	
TITLE	rudi d	☐ D€LETE	3.1 TITE						
NAME 5	r sheps		3.2 NAJ						
STREET ADDRESS			B .		DDRESS				
CITY-ST-ZIP		. DELETE	3.4. CIT		ZIP	• • • • • • • • • • • • • • • • • • • •	Chan	ge Addition	
TITLE		, L VELEIE	4.1 TITI				_	-	
NAME			4. 2 NA						
STREET ADDRESS					DDRESS			ļ	
CITY-ST-ZIP		C) DELETE		Y-ST-Z	ZIP		☐ Chan	ge Addition	
TITLE	·	☐ DELETE	5.1 TITI 5.2 NAI						
NAME					ADDRESS				
STREET ADDRESS	·		5.4 CIT		1				
CITY-ST-ZIP		DELETE	6,1 TIT		<u> </u>		☐ Char	ge Addition	
TITLE			6.2 NA]	
NAME	MOTERY LINE				ADDRESS			ł	
STREET ADDRESS			0.3 511	rect M					

14. I hereby 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 address, with all other like empowered.