

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M92104**

Corporation Name
AIR GROUP, INC.

Principal Place of Business

**BERT YOUNG
5600 US 98 NORTH SUITE 7
LAKELAND FL 33809**

Mailing Address

**C/O ROBERT YOUNG
5600 US 98 NORTH SUITE 7
LAKELAND FL 33809**

Principal Place of Business

, Apt. #, etc.

& State

Country

Zip

Country

9. Name and Address of Current Registered Agent

**YOUNG, ROBERT
5600 US 98 NORTH, SUITE 7
LAKELAND FL 33809**

3. Date Incorporated or Qualified

08/02/1988

4. FEI Number

65-0061439

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE

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

In accordance with 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 agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS

**PTD
YOUNG, ROBERT
526 BUTLER ST
WINDERMERE FL**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

**V
SWARTZWELDER, TERRY
5600 US 98 NORTH SUITE 7
LAKELAND FL**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

**S
HARWELL, MICHELLE L.
17443 SPRING VALLEY RD
DADE CITY FL**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

**PTD
YOUNG, ROBERT
526 BUTLER ST
WINDERMERE FL**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

**PTD
YOUNG, ROBERT
526 BUTLER ST
WINDERMERE FL**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

**PTD
YOUNG, ROBERT
526 BUTLER ST
WINDERMERE FL**

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 stated 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90021 017 *****150.00



CR2E034 (11/98)