

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00119 (8)

1. Corporation Name
CONTRA-AIRE, INC.



Principal Place of Business

527 RECKER HWY
AUBURNDALE FL 33823
US

Mailing Address

527 RECKER HWY
AUBURNDALE FL 33823
US

3. Date Incorporated or Qualified 12/05/1983 3a. Date of Last Report 01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 38-2487488 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME PTD SMITH, GARY D. ☐ DELETE
2. STREET ADDRESS 6080 N. 31ST ST.
3. CITY- ST- ZIP RICHLAND MI
4. NAME SVD ☐ DELETE
5. STREET ADDRESS LAGO, BRUCE G.
6. CITY- ST- ZIP 1227 ROYCE
7. NAME KALAMAZOO MI ☐ DELETE
8. STREET ADDRESS
9. CITY- ST- ZIP
10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY- ST- ZIP
13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY- ST- ZIP
16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY- ST- ZIP
19. NAME ☐ DELETE
20. STREET ADDRESS
21. CITY- ST- ZIP

1. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. 1. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. 1. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. 1. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
17. 1. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

941-967-0687

Date

Daytime Phone #

CR2E034 (12/95)