

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Candice B. Jordan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JUN 12 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005272**

1. Corporation Name

**Ambient Air INC.**

Principal Place of Business

Mailing Address

**9706 9th Ave N.W.  
Brentwood Fla. 34209**

**300001862273**  
**-06/14/96--01049--005**  
**\*\*\*\*208.75 \*\*\*\*208.75**

2. Principal Place of Business

2a. Mailing Address

21 **9706 9th Ave N.W.**

26 **SAMC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Brentwood Fla.**

27 **Brentwood Fla.**

City & State

City & State

23 **34209**

28 **34209**

24 **34209**

Country

Country

25 **U.S.A.**

29 **U.S.A.**

9. Name and Address of Current Registered Agent

**Robert L.W. Senseman  
9706 9th Ave N.W.  
Brentwood Fla 34209**

3. Date Incorporated or Qualified

3a. Date of Last Report

**11-92**

4. FEI Number

**650380845**

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

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, 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

**Robert L.W. Senseman**

(Date) Registered Agent Signature Required When Revoking

DATE

12. OFFICERS AND DIRECTORS

| TITLE                 | NAME                        | STREET ADDRESS           | CITY-ST-ZIP                 | DELETE                              |
|-----------------------|-----------------------------|--------------------------|-----------------------------|-------------------------------------|
| <b>President</b>      | <b>Robert L.W. Senseman</b> | <b>9706 9th Ave N.W.</b> | <b>Brentwood Fla. 34209</b> | <input type="checkbox"/>            |
| <b>Vice President</b> | <b>Kevin D. Randall</b>     | <b>1921 E. 9th St.</b>   | <b>Sarasota Fla 34231</b>   | <input checked="" type="checkbox"/> |
|                       |                             |                          |                             | <input type="checkbox"/>            |
|                       |                             |                          |                             | <input type="checkbox"/>            |
|                       |                             |                          |                             | <input type="checkbox"/>            |
|                       |                             |                          |                             | <input type="checkbox"/>            |
|                       |                             |                          |                             | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | 5. DELETE                                                         |
|----------|---------|-------------------|----------------|-------------------------------------------------------------------|
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, unchanged, or on an attachment with an address.

SIGNATURE:

**Robert L.W. Senseman**  
Typed and Printed Name of Signing Officer or Director

Date

Day/Time Phone #

**96 or (Cw) dce**

CR2E034 (12/95)