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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 24 1997 8:00am

Secretary of State

(402)841-2115

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000018279 (8)

AMERICAN OXYGEN SERVICES INC.

3115 SW MARTIN DOWNS BLVD. 3115 SW MARTIN DOWNS BLVD PALM CITY FL 34990-2642 PALM CITY FL 34998 3. Date incorporated or Qualified 3a. Date of Last Report 03/10/1993 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0400994 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 6. 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 Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Westcott, James R 1121 S.W. LIGHTHOUSE DR. **B2** PALM CITY FL 34990 83 R 11. Pursuant to the provisions of Sec office or registered agent, or bot 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered rida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. agent I am familiar with and SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13 Change DELETE Addition TITLE 1 1 TITLE GRIFES Stephen P 4506 L.B. McLeod Road, Swite F WESTCOTT, JAMES NAME 1.2 NAME 1121 S.W. LIGHTHOUSE DR. 1.3 STREET ADDRESS STREET ADDRESS ALM CITY FL 34990 MELANDO THE 32811 CITY- ST-ZIP 1.4 CITY - ST - ZIP TRISH, Rebecca Road, Suite F ecretary ITreasurer Change Addition 2.1 TITLE TITLE STCOTT, LINDA NAME 2.2 NAME 1121 S.W. LIGHTHOUSE DR. 2.3 STREET ADDRESS STREET ADDRESS ORIANDO, 40 BASIL PALM CITY FL 34990 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change 3.1 TITLE Addition TITLE SHAVER, THOMAS 3.2 NAME NAME 833 SW LIGHTHOUSE DR 3.3 STREET ADDRESS STHEET ADDRESS PALM CITY FL CITY-S1-ZIP 3.4. CITY - ST - ZIP Addition Change 4.1 TITLE TITLE SHAVER, NANCY NAME 4. 2 NAME 833 SW HIGHTHOUSE DR STREET ADDRESS 4.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-7/P TrILE ☐ DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-SY-ZIP CITY-ST-ZIP

14. I do 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