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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031501 (8)										
DEBON	AIR CLEANERS, INC.									
Principal Place	of Business	Mail	ng Address			-			AN IIIAI MARI NAKI	LAIR! Tier ton:
5007 N DAVIS	HWY	132	I S WALL AVE							
SUITE 10 TYLER TX 75701								DO HOT WOLFE IN T		
PENSACOLA I	-F 25203	US						DO NOT WRITE IN T	HIS SPACE	
								3. Date Incorporated or Qualified 04/30/1993		
2. Principal Pl	ace of Business	2a. N	lailing Address		_			4. FEI Number		Applied For
21		26						59-3178198		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	, , , , , ,	Additional
22 Cit. \$ State			City & State							Required
City & State	1	 -	h					6. Election Campaign Financing Trust Fund Contribution	,	O May Be
Zip	Country	28	ip		Country					d to Fees
24	25	29	Α.	30	, Out 11.			 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year	Intangible No
24]	9. Name and Address of Curre		red Agent	[30]				10. Name and Address of New Registe		
JOH	INSON, CHARLES				81	Name	θ			
	7 N DAVIS HWY				-					
SUITE 10					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32503					83					
					84	City	_		FL 85 Zi	p Code
11. Pursuant t	o the provisions of Sections 607 050	02 and 607	.1508, Florida State	utes, the	abov	e-name	d corpo	vation submits this statement for the purpo	se of changing	its registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida (ations of, S	Such change was Section 607.0505, F	s authori: Florida S	zed by tatute:	/ the co s.	orporatio	on's board of directors. I hereby accept the	appointment a	as registered
SIGNATURE	,									
	Signature, lyped or printed name of registered ag			OTE Regist	ered Age	ent signatu	re required		ATE	
12.	OFFICERS AN	D DIRECT		1:				ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP CHARLES		L_] DELETE		1 TITLE				L_ Change	Addition
NAME	JOHNSON, CHARLES 5007 N DAVIS HWY SUITE 1	۸		- 1	2 NAME					
STREET ADDRESS	PENSACOLA FL	U		1		ADDRESS	1			ļ
CITY-ST-ZIP	VP		DELETE	_	4 CITY - S	T-ZIP	-	·	□ Change	Addition
TITLE	ROSE, WILLIAM A				1 TITLE				L_ Change	S L AGUIDON
NAME	1321 S WALL AVE			- 1	2 NAME					-
STREET ADDRESS	TYLER TX					ADDRESS	3			
CITY-ST-ZIP TITLE	8		DELETE	_	4 CITY-: 1 TITLE	SI - ZIP			Change	Addition
NAME	ROSE, MARY A		_ occen		2 NAME				C Charige	, La Madrillon
STREET ADDRESS	1321 S WALL AVE					ADDRESS	. }			\
1	TYLER TX				a. CITY-:		'			
CITY-ST-ZIP TITLE			DELETE		TITLE	51 - ZIP			Change	Addition
NAME					2 NAME					
STREET ADDRESS						ADDRESS				l
CITY-ST-ZIP					4 CITY - S					
TITLE			☐ DELETÉ		TITLE		1		Change	Addition
NAME					2 NAME		Į.			
STREET ADDRESS				5.3	3 STREET	ADDRESS	:	·		i
CITY+ST-ZIP					4 CITY - S					ļ
TITLE			DELETE		1 TITLE				Change	Addition
NAME				6.2	2 NAME		1			ľ
STREET ADDRESS				6.3	3 STREET	ADDRESS	;			

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.

6.4 CITY-ST-ZIP

903-597-8700

FILED

Mar 26 1998 8:00am

Secretary of State