

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034661 (7)
1. Corporation Name

AIR SPARES, INC.

500001955465
-09/24/96--01172--018
****225.00 ****225.00

Principal Place of Business
302 Lee Blvd.
Suite 102
Lehigh Acres, Fl. 33936

Mailing Address
302 Lee Blvd.
Suite 102
Lehigh Acres, Fl. 33936

3. Date Incorporated or Qualified
5/10/1993

3a. Date of Last Report
8/25/96

4. FEI Number
65-0427777

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, JOHN M
302 Lee Blvd.
Suite 102
LEHIGH ACRES FL 33936

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 of the corporation's registered agent and the corporation's

(Public Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D	DELETE
NAME	HECK, BARBARA J	
STREET ADDRESS	1106 Eagleview Drive	
CITY-ST-ZIP	KODAK, TN	
TITLE	D	DELETE
NAME	HECK, OTTO G	
STREET ADDRESS	1106 Eagleview drive	
CITY-ST-ZIP	KODAK, TN	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Heck*
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Heck

8/6/96

423-428-5263

CR2E034 (3/96)