SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043669 (9)**

1. Corporation Name

FILT AIRE INC.

Principal Place of Business	Mailing Address
1602 N. FLORIDA AVE. BOX 76813 TAMPA FL 33675	1602 N. FLORIDA AVE. BOX 76813 TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993	3a. Date of Last Report: 09/14/1994
4. FEI Number: 59-3188770	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 4808 N. MANHATTAN AVE	26 PO BOX 76813
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33614 Country 25	Zip 29 33675 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGRATH, THOMAS J 1602 N. FLORIDA AVE. BOX 76813 TAMPA FL 33675	81 Name: THOMAS J. MCGRATH 82 Street Address (P.O. Box Number is Not Acceptable) 83 4808 N. MANHATTAN AVE 84 City: TAMPA FL 85 Zip Code: 33614

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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MULLINS, PAUL	12 NAME	
STREET ADDRESS	1602 N. FLORIDA AVE.	13 STREET ADDRESS	4808 N. MANHATTAN AVE
CITY-ST-ZIP	TAMPA FL 33675	14 CITY-ST-ZIP	TAMPA FL 33614
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	MCGRATH, THOMAS J	22 NAME	
STREET ADDRESS	1602 N. FLORIDA AVE.	23 STREET ADDRESS	4808 N. MANHATTAN AVE
CITY-ST-ZIP	TAMPA FL 33675	24 CITY-ST-ZIP	TAMPA FL 33614
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E094 (3/95)

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)(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.

SIGNATURE: _____ 7-11-95 $13-$70 3500
(Signature and Type or Printed Name of Individual) (Date) (Daytime Phone #)
THOMAS J. MCGRATH

0156360 FP