FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078106 (0)

1. Corporate Name
AIR INDUSTRIES, INC.

Principal Office Address
3050 E HWY 316
CITRA FL 32113
US

Mailing Address
P O BOX 120
SPARR FL 32191-0120
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
22 Suite Apt # or Bldg: 3050 E HWY 316
23 City & State: Citra, FL
24 Zip: 32113
25 Country: Marion

2a. Mailing Address
26 P.O. Box 120
27 Suite Apt # or Bldg:
28 City & State: Sparr, FL.
29 Zip: 32192-0120
30 Country: Marion

4. FEI Number: 59-3222920 — 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SANSTROM, FLORENCE
3050 E HWY 316
CITRA FL 32113

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3050 E HWY 316
83
84 City: Citra FL 85 Zip Code: 32113

11. Pursuant to the provisions of Section 607.0505 and 607.1608, Florida Statutes, the above named corporation submits the 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. Hereby, accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
SANSTROM, FLORENCE
POST OFFICE BOX 120 N/A
SPARR FL 34490

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

D ☑ Change ☐ Addition
Sanstrom, Florence
3050 East. Hwy 316
Citra, FL 32113

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with any alteration.

SIGNATURE: Florence Sanstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995 904 595-5961
DATE TELEPHONE NUMBER

0404727 FP