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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000078106 (0)**

1. Corporation Name
AIR INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3050 E. HWY 316 CITRA FL 32113 US	P.O. BOX 120 SPARR FL 32192-0120 US

3. Date Incorporated or Qualified: 11/08/1993	3a. Date of Last Report: 06/17/1996
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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANSTROM, FLORENCE		1.2 NAME		
STREET ADDRESS	3050 EAST HWY. 316		1.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, JODI		2.2 NAME		
STREET ADDRESS	PO BOX 120 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPARR FL 32192		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, BILLY		3.2 NAME		
STREET ADDRESS	PO BOX 120 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPARR FL 32192		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANSTROM, RENEE		4.2 NAME		
STREET ADDRESS	PO BOX 120 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPARR FL 32192		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	HARBISON, TROY		5.2 NAME	Edmond Butcher	
STREET ADDRESS	PO BOX 120 N/A		5.3 STREET ADDRESS	PO. Box 120 N/A	
CITY-ST-ZIP	SPARR FL 32192		5.4 CITY-ST-ZIP	~~Sparr, FL. 32192~~	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANSTROM, JUSTIN		6.2 NAME		
STREET ADDRESS	PO BOX 120 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPARR FL 32192		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renee Sanstrom Renee Sanstrom 2-28-97 (352)5955961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #