

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000078106**

1. Corporation Name

AIR INDUSTRIES, INC.

Principal Place of Business

**3050 E. HWY 316
CITRA FL 32113
US**

Mailing Address

**P.O. BOX 120
SPARR FL 32192-0120
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

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 owes the current year
Intangible Personal Property. ☐ 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)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **SANSTROM, FLORENCE**

STREET ADDRESS **3050 EAST HWY. 316**

CITY-ST-ZIP **CITRA FL 32113**

TITLE **V** ☐ DELETE

NAME **GRAY, JODI**

STREET ADDRESS **PO BOX 120 N/A**

CITY-ST-ZIP **SPARR FL 32192**

TITLE **CEO** ☐ DELETE

NAME **MOSHER, CHARLES L**

STREET ADDRESS **223 EAST BRODERICK ST**

CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **CFO** ☐ DELETE

NAME **BUTCHER, SALLY L**

STREET ADDRESS **14557 NE 119 CT**

CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **V** ☐ DELETE

NAME **SANSTROM, JUSTIN**

STREET ADDRESS **PO BOX 120 N/A**

CITY-ST-ZIP **SPARR FL 32192**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Sally L. Butcher* **Sally L. Butcher** 8/13/98 (352) 595-5961

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90003 047 ***550.00



CR2E034 (5/99)