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 APR 19 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087751 (2)

1. Corporation Name
PURIFIED AIR SYSTEMS INC.

Principal Place of Business	Mailing Address
2400 N. 36TH ST. TAMPA FL 33605	P. O. BOX 75549 TAMPA FL 33675-0549 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21: 8919 MAISLIN DR
22: Suite, Apt. #, etc.
23: City & State: TAMPA FL
24: Zip: 33637
25: Country: HILLSborough

2a. Mailing Address
26: 8919 MAISLIN DR
27: Suite, Apt. #, etc.
28: City & State: TAMPA FL
29: Zip: 33637
30: Country: HILLSborough

4. FEI Number: 59-3210521 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SULLENBERGER, ROBERT
2400 N. 36TH ST.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name: Sullenberger, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 8919 MAISLIN DR
83:
84 City: TAMPA FL 85 Zip Code: 33637

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: R E Sullenberger 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SULLENBERGER, ROBERT	1.2 NAME	Sullenberger, ROBERT	
STREET ADDRESS	2400 N. 36TH ST.	1.3 STREET ADDRESS	8919 MAISLIN DR.	
CITY-ST-ZIP	TAMPA FL 33605	1.4 CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	DVST	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	SULLENBERGER, DONNA	2.2 NAME	Sullenberger, Donna	
STREET ADDRESS	2400 N. 36TH ST.	2.3 STREET ADDRESS	8919 MAISLIN DR.	
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	TAMPA, FL 33637	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R E Sullenberger R.E. SULLENBERGER 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date
813 978-4525 — Daytime Phone #

0444103 FP