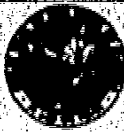


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
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

2400 N. 36TH ST.
TAMPA FL 33605

Mailing Address

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

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

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

2. Principal Place of Business

21 8919 MAISLIN DR

2a. Mailing Address

28 8919 MAISLIN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

29 TAMPA FL

Zip

24 33637

Country

25 HILLSBOROUGH

Zip

29 33637

Country

30 HILLSBOROUGH

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 607.0605, Florida Statutes.

SIGNATURE

R. E. Sullenberger

(NOTE: Registered agent signature required when registering)

1/13/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SULLENBERGER, ROBERT
STREET ADDRESS	2400 N. 36TH ST.
CITY-ST-ZIP	TAMPA FL 33605
TITLE	DVST
NAME	SULLENBERGER, DONNA
STREET ADDRESS	2400 N. 36TH ST.
CITY-ST-ZIP	TAMPA FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Sullenberger, ROBERT	
1.3 STREET ADDRESS	8919 MAISLIN DR.	
1.4 CITY-ST-ZIP	TAMPA, FL 33637	
2.1 TITLE	DVST	☒ Change ☐ Addition
2.2 NAME	Sullenberger, Donna	
2.3 STREET ADDRESS	8919 MAISLIN DR.	
2.4 CITY-ST-ZIP	TAMPA, FL 33637	
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 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

Date

8/13 998-4525