

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90222 023 \*\*\*150.00

DOCUMENT # P94000012423

1. Corporation Name

SCAN AIR FILTER, INC. - FLORIDA

Principal Place of Business

1015 ATLANTIC BLVD  
SUITE 263  
ATLANTIC BEACH FL 32233

Mailing Address

1015 ATLANTIC BLVD  
SUITE 263  
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1994

4. FEI Number

59-3224831

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

OLOFSSON, BENGT  
990 PARKSIDE DR  
ATLANTIC BEACH FL 32233

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 PD ☐ DELETE  
NAME OLOFSSON, BENGT  
STREET ADDRESS 990 PARKSIDE DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE VPD ☐ DELETE  
NAME OLOFSSON/JOHNSON, SUSAN  
STREET ADDRESS 990 PARKSIDE DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE VPD ☐ DELETE  
NAME CARRAHER, REBECCA L.  
STREET ADDRESS 6163 ALPENROSE AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE  
NAME JOHNSON, NORMA B.  
STREET ADDRESS 387 THIRD ST.  
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE SD ☐ DELETE  
NAME JOHNSON, DAVID R.  
STREET ADDRESS 387 THIRD ST.  
CITY-ST-ZIP ATLANTIC BEACH FL

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 498 Selva Lakes Circle  
3.3 STREET ADDRESS Atlantic Beach, FL 32233  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME 1830 Live Oak Lane  
4.3 STREET ADDRESS Atlantic Beach, FL 32233  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME 1830 Live Oak Lane  
5.3 STREET ADDRESS Atlantic Beach, FL 32233  
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, with all other like empowered.

SIGNATURE: BENGT OLOFSSON 4/20/99 (204) 247-6862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)