

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 07 1998 8:00am
Secretary of State

DOCUMENT # P94000047214 (9)

1. Corporation Name
CAT-AIR, INC.



Principal Place of Business Mailing Address
~~785 109TH AVE N~~ ~~NAPLES FL 34108~~ ~~US~~ ~~FT. MYERS, FL 33912~~
17492 LAUREL VALLEY RD. FT. MYERS, FL 33912
~~785 109TH AVE N~~ ~~NAPLES FL 33963~~ ~~US~~ ~~FT. MYERS, FL 33912~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
17492 LAUREL VALLEY RD. 17492 LAUREL VALLEY RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 FT. MYERS, FL 27 FT. MYERS, FL
City & State City & State
23 33912 LEE 28 FT. MYERS, FL
Zip Country Zip Country
4 25 29 33912 30 LEE

3. Date Incorporated or Qualified
06/23/1994
4. FEI Number
65-0572073
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, ANDREW C
785 109TH AVE N
NAPLES FL 34108
17492 LAUREL VALLEY RD.
FT. MYERS, FL 33912

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 PST
NAME HANSEN, ANDREW C
STREET ADDRESS 785 109TH AVE N
CITY-ST-ZIP NAPLES FL 33912
17492 LAUREL VALLEY RD. FT. MYERS, FL 33912
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PST
1.2 NAME HANSEN, ANDREW C
1.3 STREET ADDRESS 17492 LAUREL VALLEY RD.
1.4 CITY-ST-ZIP FT. MYERS, FL 33912
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: Andrew C. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-98 941-454-4498
Date Daytime Phone # 0438891

CR2E034 (10/97)