FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000080707 (0)**

1. Corporation Name

MICRONAIR, INC.

Principal Place of Business	Mailing Address
2970 HARTLEY RD. SUITE 201 JACKSONVILLE FL 32257	2970 HARTLEY RD. SUITE 201 JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-3276235** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6668 Columbia Pk Dr S	26 6668 Columbia Pk Dr S
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32258 / Country 25 Duval	Zip 29 32258 / Country 30 Duval

9. Name and Address of Current Registered Agent

KEYSER, GENE E
2970 HARTLEY RD.
SUITE 201
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6668 Columbia Pk Dr S

83

84 City: Jacksonville, Fl **FL** 85 Zip Code: 32258

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: Gene E. Keyser DATE: 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KEYSER, GENE E		1.2 NAME		
STREET ADDRESS	2970 HARTLEY RD., SUITE 201		1.3 STREET ADDRESS	3311 Scrub Oak Lane	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KEYSER, DEBRA T		2.2 NAME		
STREET ADDRESS	2970 HARTLEY RD., SUITE 201		2.3 STREET ADDRESS	3311 Scrub Oak Lane	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	Jacksonville, Fl 32223	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOLCOMBE, DON M		3.2 NAME		
STREET ADDRESS	2970 HARTLEY RD., SUITE 201		3.3 STREET ADDRESS	3127 Doctor's Lake Dr	
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP	Orange Park, Fl 32073	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HOLCOMBE, PATRICIA C		4.2 NAME		
STREET ADDRESS	2970 HARTLEY RD., SUITE 201		4.3 STREET ADDRESS	3127 Doctor's Lake DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY-ST-ZIP	Jacksonville, Fl 32073	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Gene E. Keyser 4/29/96 904 268-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #