

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90011 030 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P94000080707

1. Corporation Name
MICRONAIR, INC.

Principal Place of Business
11259 PHILLIPS PKWY DR
JACKSONVILLE FL 32256
US

Mailing Address
11259 PHILLIPS PKWY DDR
JACKSONVILLE FL 32256
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/31/1994

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYSER, GENE E
11259 PHILLIPS PKWY DR E
JACKSONVILLE FL 32256

81 Name

Marilee W. Gillis

82 Street Address (P.O. Box Number is Not Acceptable)

11259 Phillips Pkwy Dr. E

83

Jacksonville, FL 32256

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: Marilee W. Gillis Marilee W. Gillis

7/9/99
DATE

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
NAME KEYSER, GENE E
STREET ADDRESS 3311 SCRUB OAK LANE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Director ☒ Change ☒ Addition
1.2 NAME Jonathan H. Winer C/O Mtn Energy
1.3 STREET ADDRESS 1233 Shelburne Rd. Suite E-5
1.4 CITY-ST-ZIP S. Burlington, VT 05403

TITLE D ☒ DELETE
NAME KEYSER, DEBRA T
STREET ADDRESS 3311 SCRUB OAK LANE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Director ☒ Change ☒ Addition
2.2 NAME James Peters C/O Mtn Energy
2.3 STREET ADDRESS 1233 Shelburne Rd. Suite E-5
2.4 CITY-ST-ZIP S. Burlington, VT 05403

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE: Jonathan H. Winer JONATHAN H. WINER

7/13/99

802-846-1240

CR2E034 (5/99)