

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000009221 (9)

1. Corporation Name

PRO-AIR OF TALLAHASSEE, INC.



Principal Place of Business

RT. 3, BOX 579M  
TALLAHASSEE FL 32308

Mailing Address

RT. 3, BOX 579M  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified  
02/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 7998 Freshwater Farms Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Tallahassee, FL

27 City & State

28 Zip

24 32308

25 Country

29 Zip

30 Country

4. FEI Number  
59-3290588

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

9. Name and Address of Current Registered Agent

HAYES, BRIAN T  
245 EAST WASHINGTON ST.  
MONTICELLO FL 32344

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 DP ☐ DELETE

NAME JANCE, MICHAEL J  
STREET ADDRESS RT. 3, BOX 579M  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVS ☐ DELETE

NAME FULLER, BRUCE  
STREET ADDRESS RT. 4, BOX 6738-4  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE DV ☐ DELETE

NAME MILLS, TOM  
STREET ADDRESS 606 ST. PATRICK DR.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Jance, Michael J.  
1.3 STREET ADDRESS 7998 Freshwater Farms Road  
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME Fuller, Bruce  
2.3 STREET ADDRESS 1202-1 Cross Creek Way  
2.4 CITY-ST-ZIP Tallahassee, FL 32301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)