

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009221 (9)

1. Corporation Name

PRO-AIR OF TALLAHASSEE, INC.



Principal Place of Business

7998 FRESHWATER FARMS RD
TALL FL 32308
US

Mailing Address

RT. 3, BOX 579M
TALLAHASSEE FL 32308-9705

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

04/29/1996

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

2. Principal Place of Business

21 606 St. Patrick Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 606 St. Patrick Dr

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

City & State

28 Tallahassee, FL

Zip

24 32310

Country

25 Leon

Zip

29 32310

Country

30 Leon

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	<input checked="" type="checkbox"/> DELETE
NAME	JANCE, MICHAEL J	
STREET ADDRESS	7998 FRESHWATER FARMS RD	
CITY-ST-ZIP	TALL FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	FULLER, BRUCE	
STREET ADDRESS	1202-1 CROSS CREEK WAY	
CITY-ST-ZIP	TALL FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MILLS, TOM	
STREET ADDRESS	606 ST. PATRICK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mills, Tom	
1.3 STREET ADDRESS	606 St. Patrick Dr	
1.4 CITY-ST-ZIP	Tallahassee, FL 32310	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fuller, Bruce	
2.3 STREET ADDRESS	1480 Shell Point Highway	
2.4 CITY-ST-ZIP	Crawfordville, FL 32327	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mills, Kelly	
3.3 STREET ADDRESS	606 St. Patrick Dr	
3.4 CITY-ST-ZIP	Tallahassee, FL 32310	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Tom Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

Date

545-0931

Daytime Phone #

CR2E034 (9/96)