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Apr 28 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 # P95000012792 (4)

1. Corporation Name
AIRPRO OF DAYTONA, INC.



Principal Place of Business
1895 FLY-IN-ROAD NORTH
DAYTONA BEACH FL 32124
US

Mailing Address
1895 FLY-IN-ROAD NORTH
DAYTONA BEACH FL 32124-6749
US

3. Date Incorporated or Qualified
02/15/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business
21 26 DRUM POINT
Suite, Apt. #, etc.

2a. Mailing Address
26 26 DRUM POINT
Suite, Apt. #, etc.

4. FEI Number
59-3364549

Applied For
Not Applicable

22 City & State
23 ST AUGUSTINE, FL
24 Zip 32084
25 Country USA

27 City & State
28 ST AUGUSTINE, FL
29 Zip 32084
30 Country USA

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

DOTEN, ERIC S.
1895 FLY-IN-ROAD NORTH
DAYTONA BEACH FL 32124

10. Name and Address of New Registered Agent

81 Name DOTEN, ERIC S.
82 Street Address (P.O. Box Number is Not Acceptable)
26 DRUM POINT
83
84 City ST AUGUSTINE FL
85 Zip Code 32084

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 ERIC S DOTEN, VICE-PRESIDENT

(NOTE: Registered Agent signature required when reappointing)

DATE 4/22/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DOTEN, ERIC	
STREET ADDRESS	1895 FLY-IN-ROAD	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GRISSOM, RICK	
STREET ADDRESS	1615 LYNDELL DRIVE	
CITY- ST- ZIP	KISSIMMEE FL	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOTEN, ERIC S.	
1.3 STREET ADDRESS	26 DRUM POINT	
1.4 CITY- ST- ZIP	ST AUGUSTINE, FL 32084	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRISSOM, RICK	
2.3 STREET ADDRESS	(NO CHANGE)	
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
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; the recorder 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

ERIC S DOTEN, VICE-PRESIDENT 4/22/97 (904)461-3163

Date

Daytime Phone #

0020653

CR2E034 (9/96)