

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043486 (6)

1. Corporation Name

AIRFAIR, INC.

Principal Place of Business

Mailing Address

6036 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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ST. PETERSBURG FL 33707

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT *aw 96*

3. Date Incorporated or Qualified 06/06/1995
3a. Date of Last Report

4. FEI Number 59-3320769
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 3900 Central Av

26 PO Box 152064

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St Petersburg FLA

28 Tampa FLA

Zip

Country

Zip

Country

24 33707

25

29 33684

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSSMAN, LLOYD D
6036 CENTRAL AVENUE
ST. PETERSBURG FL 33707

81 Name Tom Hastings
82 Street Address (P.O. Box Number is Not Acceptable) 3900 Central Ave
83
84 City St Petersburg FL 85 Zip Code 33714

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

1-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CROSSMAN, LLOYD D
STREET ADDRESS 6036 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33707

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, 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

12-20-96

Date

Daytime Phone #