

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

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000054984 (6)

1. Corporation Name

PRO-AIR DEVICES, Inc.

Principal Place of Business

Mailing Address

11601 SW 2nd COURT
CLEARWATER, FL 33760

SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

3a. Date of Last Report

7-12-95

05-97

4. FEI Number

Applied For

59-3322606

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

10. Name and Address of New Registered Agent

THOMAS HERSEY
916 Springville COURT
Tampa, FL 33613

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]

(Print Name of Agent Signature required when resigning)

4-30-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: THOMAS HERSEY
STREET ADDRESS: 916 Springville COURT
CITY-ST-ZIP: TAMPA, FL 33613

☐ DELETE

TITLE: DIRECTOR
NAME: PAUL FLASKER
STREET ADDRESS: 929 TERRA MAR Drive
CITY-ST-ZIP: TAMPA, FL 33613

☐ DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ DELETE

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CITY-ST-ZIP: _____

☐ DELETE

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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-06/09/98-01123-028

***150.00

14. I do hereby certify that the information submitted 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 registered 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 of this document or the attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-98

813-573-9723

CR2E034 (9/96)