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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

FILED

Mar 30 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000076413 (0) DOCUMENT #

DAVID	L. COLE'S AIR QUALITY (CONTROL, INC.			
Principal Plac	e of Business	Mailing Address		I reduced the shipt aim oblit serit dans den	
2 A DAVID S		2 A DAVID STREET	1 32547		
FORT WALTON BEACH FL 32547 FORT WALTON B		FORT WALTON BEACH F	L 32547	DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
	·			09/29/1995	
⊢	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3344143	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	DLE, DAVID L A DAVID STREET				······································
	RT WALTON BEACH FL 32547		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1			83		
			24 0		1001 75 000
}			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corpora	poration submits this statement for the purpos	e of changing its registered
aneni La	registered agent, or both, in the Statem familiar with, and accept the oblig	ections of Costion 607 0505. Ele	oride Statutes	more board or directors. Thereby decopt the t	appointment as registored
l ago	in the same with the second to the confidence of the second	gations of, Section 607.0005, Fit	bilda statutes.		
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DAT	E
_	Signature, typed or printed name of registered ag				E
SIGNATURE	Signature, typed of printed name of registered at OFFICERS AN PO COLE, DAVID L	gent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DAT	E AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed of printed name of registered at OFFICERS AN COLE, DAVID L 2 A DAVID STREET	gent and title (I applicable (NOT ND DIRECTORS DELETE	E: Registered Agent signature required 13.	ired when reinstating) DAT	E AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered at OFFICERS AN PO COLE, DAVID L	gent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DAT	E AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature typed of printed name of registered at OFFICERS AN COLE, DAVID L 2 A DAVID STREET	gent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DAT	E AND DIRECTORS IN 12 Change Addition
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14. 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.