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Mar 04 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 # P96000033554 (2)

1. Corporation Name
NATURAL AIR SYSTEMS, INC.

Principal Place of Business
6805 SAN SEBASTIAN AVE.
JACKSONVILLE FL 32217

Mailing Address
6805 SAN SEBASTIAN AVE.
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1996

4. FEI Number
59-3379983

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2409 Jose Circle, S.

26 Suite, Apt. #, etc.

22 Jacksonville, FL

27 City & State

23 32217

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MELTON, RAY C
6805 SAN SEBASTIAN AVE.
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name C. Guy Bond, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
3010 South Third Street
83 Jacksonville Beach, FL 32250
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

2/27/98

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 P
NAME MELTON, RAY C
STREET ADDRESS 6805 SAN SEBASTIAN AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP
NAME MELTON, DAVID
STREET ADDRESS 100 FAIRWAYS BLVD APT 1112
CITY-ST-ZIP PONTE VERDE BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Melton, Ray C.
1.3 STREET ADDRESS 6805 San Sebastian Ave.
1.4 CITY-ST-ZIP Jacksonville, FL 32217

2.1 TITLE P
2.2 NAME Valdez, Tina
2.3 STREET ADDRESS 2409 Jose Circle, S.
2.4 CITY-ST-ZIP Jacksonville, FL 32217

3.1 TITLE V/S
3.2 NAME Edwards, Douglas
3.3 STREET ADDRESS 468 Baybrook Drive
3.4 CITY-ST-ZIP Orange Park, FL 32073

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Ray C. Melton

2/27/98 (904) 731-1490

CR2E034 (10/97)