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**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90051 042 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000075112**

1. Corporation Name  
**ALL AIR, INC.**



Principal Place of Business RT. 3 BOX 5405 HAVANA FL 32333	Mailing Address RT. 3 BOX 5405 HAVANA FL 32333
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2561 Kemp Rd.</b>	2a. Mailing Address 26 <b>2561 Kemp Rd.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Havana FL</b>	City & State 28 <b>Havana FL</b>
Zip Country 24 <b>32333-9744</b> 25 <b>USA</b>	Zip Country 29 <b>32333-9744</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>09/10/1996</b>	Applied For Not Applicable
4. FEI Number <b>59-3402780</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACOBS, MERRILL L**  
**RT. 3 BOX 5405**  
**HAVANA FL 32333**

10. Name and Address of New Registered Agent

81 Name <b>Merrill L. Jacobs</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>2561 Kemp Rd.</b>
84 City <b>Havana</b> FL 85 Zip Code <b>32333-9744</b>

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 *Merrill L. Jacobs* **MERRILL L. JACOBS, PRES.** **3-30-99**  
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	<b>PVP</b> <input type="checkbox"/> DELETE
NAME	<b>JACOBS, MERRILL L</b>
STREET ADDRESS	<b>RT. 3 BOX 5405</b>
CITY-ST-ZIP	<b>HAVANA FL 32333</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>JACOBS, JUANITA L.</b>
STREET ADDRESS	<b>RT. 3 BOX 5405</b>
CITY-ST-ZIP	<b>HAVANA FL 32333</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Merrill L. Jacobs</b>
1.3 STREET ADDRESS	<b>2561 Kemp Rd.</b>
1.4 CITY-ST-ZIP	<b>Havana, FL 32333-9744</b>
2.1 TITLE	<b>VP ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Juanita L. Jacobs</b>
2.3 STREET ADDRESS	<b>2561 Kemp Rd.</b>
2.4 CITY-ST-ZIP	<b>Havana, FL 32333-9744</b>
3.1 TITLE	<b>Asst. VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ronald E. Bonds</b>
3.3 STREET ADDRESS	<b>2018 Dyrehaven Dr.</b>
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
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 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, with all other like empowered.

SIGNATURE: *Merrill L. Jacobs* **Merrill L. Jacobs** **3-30-99** **(850) 539-7607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)