

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

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

04-01-1999 90051 042 ***158.75

0055412

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2561 Kemp Rd.	2a. Mailing Address 26 2561 Kemp Rd.	3. Date Incorporated or Qualified 09/10/1996	4. FEI Number 59-3402780	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Havana FL	28 City & State Havana FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 32333-9744	25 Country USA	29 Zip 32333-9744	30 Country USA	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 Merrill L. Jacobs 82 Street Address (P.O. Box Number is Not Acceptable) 83 2561 Kemp Rd. 84 City Havana FL 85 Zip Code 32333-9744
---	--

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MERRILL L	1.2 NAME	Merrill L. Jacobs
STREET ADDRESS	RT. 3 BOX 5405	1.3 STREET ADDRESS	2561 Kemp Rd.
CITY-ST-ZIP	HAVANA FL 32333	1.4 CITY-ST-ZIP	Havana, FL 32333-9744
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	VP ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JUANITA L.	2.2 NAME	Juanita L. Jacobs
STREET ADDRESS	RT. 3 BOX 5405	2.3 STREET ADDRESS	2561 Kemp Rd.
CITY-ST-ZIP	HAVANA FL 32333	2.4 CITY-ST-ZIP	Havana, FL 32333-9744
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Asst. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ronald E. Bonds
STREET ADDRESS		3.3 STREET ADDRESS	2018 Dyrehaven Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)