

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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90051 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 2561 Kemp Rd.	2a. Mailing Address 26 2561 Kemp Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Havana FL	City & State 28 Havana FL
Zip 24 32333-9744	Country 25 USA
Zip 29 32333-9744	Country 30 USA

3. Date Incorporated or Qualified 09/10/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3402780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 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

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