

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084037 (6)

1. Corporation Name
AIR MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business
1218 NORTH 49TH AVENUE
PENSACOLA FL 32506

Mailing Address
1218 NORTH 49TH AVENUE
PENSACOLA FL 32506-4732



3. Date Incorporated or Qualified 10/08/1996
3a. Date of Last Report

4. FEI Number 59-3409142
Applied For
Not Applicable

6. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

22. Principal Place of Business
1015 Lillian Hwy.

2a. Mailing Address
4845 Lillian Hwy.

23. City & State
Pensacola FL

28. City & State
Pensacola FL

24. Zip 32506
25. Country Escambia

29. Zip 32506
30. Country Escambia

9. Name and Address of Current Registered Agent

HOLLEY, CHARLES E
1218 NORTH 49TH AVENUE
PENSACOLA FL 32506

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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 Charles E. Holley Charles E. Holley 4-29-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	HOLLEY, CHARLES E	
STREET ADDRESS	1218 NORTH 49TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL 32506	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Charles E. Holley
1.3 STREET ADDRESS	1218 N. 49th Ave
1.4 CITY - ST - ZIP	Pensacola FL 32506
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	President Harold L. Williams
2.3 STREET ADDRESS	1218 N. 49th Ave
2.4 CITY - ST - ZIP	Pensacola FL 32506
3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Secretary/Treasurer Juanita Williams
3.3 STREET ADDRESS	1218 N. 49th Ave
3.4 CITY - ST - ZIP	Pensacola FL 32506
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: Juanita Williams Juanita Williams 4-29-97 904-485-1971
DATE Daytime Phone #

CR2E034 (9/96)