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

**PROFIT** CORPORATION ANNUAL REPORT 1998



Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # · P97000046067 (9)

ARCTIC AIR MAINTENANCE & REPAIR, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

## **FILED** May 07 1998 8:00am Secretary of State



9902 8W LAMAR TERRACE PALM CITY FL 34990		9902 SW LAMAR TERRACE PALM CITY FL 34990		· ·	
PAUM OFF	L 3-350	PALM CITT PL 34880		DO NOT WRITE IN T	'HIS SPACE
_				3. Date Incorporated or Qualified 05/20/1997	
2. Prince P	STUALT	2e. Mailing Address	4-	4. FEI Number	Applied For
21	THE COME	26 9402 LA	mar len	45-0756/29	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	_ <del></del>	27		C. Columbia of Childs Desired	Fee Required
City State	m Ciry, +1	City A State	471	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3490 25 USA 29 3490 30			Gountry S A	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	e current year Intangible  Yes  No
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent		
ATHY, PHILIP			81 Name	SAMP.	
	02 SW LAMAR TERRACE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PALM CITY FL 34990					
			83		
			84 City		85 Zip Code
	·		] , ,	<u> </u>	FL   P COO
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					
	Signature typed or printed name of registrated agen OFFICERS AND		Registered Agent signature requ	D/ ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DP OFFICERS AND	DELETE	1.5 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ATHY, PHILIP		1.2 NAME		
STREET ADORESS	9902 SW LAMAR TERRACE		1.3 STREET ADDRESS		
CITY-SI-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	ATHY, MARTHA		2.2 NAME		
STREET ADDRESS	9902 SW LAMAR TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY+ST+ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		<del>-</del>	3.2 NAME		- ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TATE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TIFLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CHTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	th this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I furth	er 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 a 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					