2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000013813 May 03, 2000 8:00 am Secretary of State QUALITY AIR OF MILTON, INC. 05-03-2000 90098 009 ***150.00 Principal Place of Business Mailing Address 127 EAST ZARAGOZA STREET 127 EAST ZARAGOZA STREET SUITE 206 SHITE 206 PENSACOLA FL 32501-5989 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3493332 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS & SAND FORT ACCOUNTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 127 E. ZARAGOZA ST **STE 206** PENSACOLA FL 32501 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intang 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTORS OFFICERS AN 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE FANNIN, DAVE NAME NAME STREET ADDRESS 127 EAST ZARAGOZA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 Change Addition ☐ Delete TITLE TITLE FANNIN, SHERRY NAME NAME STREET ADDRESS STREET ADDRESS 127 EAST ZARAGOZA STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition ☐ Delete TITLE TITLE FANNIN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 127 EAST ZARAGOZA STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/24/00

850-623-6506

Daytime Phone #

Change

☐ Addition