

**CORPORATION  
ANNUAL REPORT  
1999**



CLERK OF THE SUPREME COURT  
Katherine Morris  
Secretary of State  
DIVISION OF CORPORATIONS

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99 JUN 29 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054837** ✓  
1. Corporation Name  
**Best Air Purification Inc**

Principal Place of Business Mailing Address  
**1823 S. Florida Ave.  
Lakeland, FL 33803**

DO NOT WRITE IN THIS SPACE

|                                                                   |  |                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                     |  |
|-------------------------------------------------------------------|--|-------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business                                    |  | 2a. Mailing Address     |  | 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Applied For                                                         |  |
| 21. <b>Same</b>                                                   |  | 28. <b>Same</b>         |  | 65-0853191 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Not Applicable                                                      |  |
| 22. Suite, Apt. #, etc.                                           |  | 27. Suite, Apt. #, etc. |  | 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 8.75 Additional Fee Required                                        |  |
| 23. City & State                                                  |  | 26. City & State        |  | 6. Election Campaign Financing Trust Fund Contribution                                                                                                                                                                                                                                                                                                                                                                                                        |  | 5.00 May Be Added to Fee                                            |  |
| 24. Zip                                                           |  | 29. Zip                 |  | 8. This corporation owes the current year intangible Personal Property Tax.                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 25. Country                                                       |  | 30. Country             |  | 10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                     |  |
| 9. Name and Address of Current Registered Agent                   |  |                         |  | 11. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                     |  |
| <b>Corporate Creations<br/>941 4th Street<br/>Miami, FL 33139</b> |  |                         |  | 81. Name <b>Edgar McAnally</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |
|                                                                   |  |                         |  | 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>1823 S. Fla. Ave.</b>                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |  |
|                                                                   |  |                         |  | 83. City <b>Lakeland</b> FL 84. Zip Code <b>33803</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                     |  |
|                                                                   |  |                         |  | 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 607.0503, Florida Statutes. |  |                                                                     |  |
| SIGNATURE <b>Edgar McAnally</b>                                   |  |                         |  | DATE <b>4-29-99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                     |  |

| 12. OFFICERS AND DIRECTORS |                       |                       |                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                   |
|----------------------------|-----------------------|-----------------------|-------------------------------------------------|-------------------------------------------------------|----------|--------------------|-------------------|
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 1.1 TITLE                                             | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY, ST, ZIP |
|                            | <b>President</b>      | <b>Edgar McAnally</b> | <b>1823 S. Fla. Ave.<br/>Lakeland, FL 33803</b> |                                                       |          |                    |                   |
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 2.1 TITLE                                             | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY, ST, ZIP |
|                            | <b>Vice-President</b> | <b>Timothy Croson</b> | <b>8610 Tomoka Run<br/>Lakeland, FL 33809</b>   |                                                       |          |                    |                   |
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 3.1 TITLE                                             | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY, ST, ZIP |
|                            |                       |                       |                                                 |                                                       |          |                    |                   |
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 4.1 TITLE                                             | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY, ST, ZIP |
|                            |                       |                       |                                                 |                                                       |          |                    |                   |
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 5.1 TITLE                                             | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY, ST, ZIP |
|                            |                       |                       |                                                 |                                                       |          |                    |                   |
| TITLE                      | NAME                  | STREET ADDRESS        | CITY, ST, ZIP                                   | 6.1 TITLE                                             | 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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edgar McAnally**  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

2/2/99  
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