FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S24977** **(8)**

1. Corporation Name
AIR-GLO INC.

Principal Place of Business	Mailing Address
3133 W. KENNEDY BLVD. TAMPA FL 33609	% WALTER SANDERS 5121 EHRLICH RD., #107B TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1991
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3163785	☐ Applied For ☐ Not Applicable
21	26 c/o WALTER SANDERS		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 13910 N Dale Mabry Suite I	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Tampa FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25 US	Zip 29 33618 / Country 30 US	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANDERS, WALTER 5121 EHRLICH ROAD BUILDING 107, SUITE B TAMPA FL 33624	81 Name: Sanders, Walter 82 Street Address (P.O. Box Number is Not Acceptable): 13910 North Dale Mabry Hwy 83 Suite One 84 City: Tampa FL 85 Zip Code: 33618

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: Walter Sanders 3/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GLOVER, D. SCOTT	12 NAME	
STREET ADDRESS	3133 W. KENNEDY BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	GLOVER, JULIA	22 NAME	
STREET ADDRESS	3133 W. KENNEDY BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D. Scott Glover D. Scott Glover 03-01-95 813-877-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0900432 CP