

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98170

1. Corporation Name

AIRFIELD LIGHTING SYSTEMS, INC.

Principal Place of Business

C/O ENNIS CPA ASSOCIATES PA
1160 S MCCALL ROAD SUITE A
ENGLEWOOD FL 34223

Mailing Address

C/O ENNIS CPA ASSOCIATES PA
1160 S MCCALL ROAD SUITE A
ENGLEWOOD FL 34223

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90031 002 ***150.00

03-12-1999 90031 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number
65-0298665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution -- Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 C/O ENNIS CPA ASSOCIATES PA

2a. Mailing Address

26 C/O ENNIS CPA ASSOCIATES PA

Suite, Apt. #, etc.

22 **508 N. INDIANA AVE.**

Suite, Apt. #, etc.

27 **508 N. INDIANA AVE**

City & State

23 **ENGLEWOOD, FL**

City & State

28 **ENGLEWOOD, FL**

Zip

24 **34223-2704** 25 **USA**

Zip

29 **34223-2704** 30 **USA**

9. Name and Address of Current Registered Agent

MERCIER, LETETIA
1160 S. MCCALL ROAD
SUITE A, 1ST FLOOR
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name **Mercier, Letetia**
82 Street Address (P.O. Box Number is Not Acceptable)
508 N. INDIANA AVE.
83
84 City **ENGLEWOOD** FL 85 Zip Code **34223**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **HOOPS, PAUL F**
STREET ADDRESS **860 HARMONY RD NE E**
CITY-ST-ZIP **EATONTON GA 31024**

TITLE **DV** ☐ DELETE
NAME **HOOPS, PAUL F.**
STREET ADDRESS **860 HARMONY ROAD NE**
CITY-ST-ZIP **EATONTON GA 31024**

TITLE **DST** ☐ DELETE
NAME **HOOPS, THELMA**
STREET ADDRESS **860 HARMONY ROAD NE**
CITY-ST-ZIP **EATONTON GA 31024**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Paul F. Hoops
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-99 - 941-474-9309

Date

Daytime Phone #

CR2E034 (1/198)

0469366