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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S99788

(9)

1. Corporation Name
CDM AIR, INC.

Principal Place of Business
2501 SE AVIATION WAY
STUART FL 34996

Mailing Address
2501 SE AVIATION WAY
STUART FL 34996-4010



3. Date Incorporated or Qualified 12/12/1991	3a. Date of Last Report 06/05/1996
4. FEI Number 65-0319921	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

MACDONALD, SCOTT A.
2501 SE AVIATION WAY
STUART FL 34996

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, JACK A.	1.2 NAME	
STREET ADDRESS	2501 SE AVIATION WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	STUART FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, WILLIAM	2.2 NAME	
STREET ADDRESS	2501 SE AVIATION WAY	2.3 STREET ADDRESS	
CITY- ST- ZIP	STUART FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	CAPEN, DANIEL E.	3.2 NAME	
STREET ADDRESS	2501 SE AVIATION WAY	3.3 STREET ADDRESS	
CITY- ST- ZIP	STUART FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 do 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 or on an attachment with an address.

SIGNATURE:

JACK A. MACDONALD

3-13-97

Date

Daytime Phone #

0472261

CR2E034 (9/96)