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 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V00960** **(7)**

1. Corporation Name
AIRTEC OF LONGWOOD, INC.

Principal Place of Business
P O BOX 952498
LAKE MARY FL 32795

Mailing Address
P O BOX 952498
LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1991**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-3098153** — 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

9. Name and Address of Current Registered Agent
SCHLEICHER, JEFFREY J
1409 SHELLMOUND RD
ENTERPRISE FL 32725

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	PD	11 TITLE	☐ Change ☐ Addition
92 NAME	SCHLEICHER, JEFFREY J.	12 NAME	
93 STREET ADDRESS	1409 SHELLMOUND ROAD	13 STREET ADDRESS	
94 CITY, ST, ZIP	ENTERPRISES FL	14 CITY, ST, ZIP	
91 TITLE	VD	11 TITLE	S/T/D ☒ Change ☐ Addition
92 NAME	FLAKE, RANDALL W.	12 NAME	
93 STREET ADDRESS	3524 PALMWAY	13 STREET ADDRESS	
94 CITY, ST, ZIP	SANFORD FL	14 CITY, ST, ZIP	
91 TITLE	SD	11 TITLE	☒ Change ☐ Addition
92 NAME	PERRY, JOHN E	12 NAME	DELETE
93 STREET ADDRESS	1220 RIDGE RD	13 STREET ADDRESS	
94 CITY, ST, ZIP	LONGWOOD FL	14 CITY, ST, ZIP	
91 TITLE		11 TITLE	☐ Change ☐ Addition
92 NAME		12 NAME	
93 STREET ADDRESS		13 STREET ADDRESS	
94 CITY, ST, ZIP		14 CITY, ST, ZIP	
91 TITLE		11 TITLE	☐ Change ☐ Addition
92 NAME		12 NAME	
93 STREET ADDRESS		13 STREET ADDRESS	
94 CITY, ST, ZIP		14 CITY, ST, ZIP	
91 TITLE		11 TITLE	☐ Change ☐ Addition
92 NAME		12 NAME	
93 STREET ADDRESS		13 STREET ADDRESS	
94 CITY, ST, ZIP		14 CITY, ST, ZIP	

14. I 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. Further certify that the information indicated on the 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 hereof or on an attachment with an address.

SIGNATURE: JEFFREY SCHLEICHER — 407-830-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416951 FP