

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PH 9:40**

**DOCUMENT # P31877 (4)**

7. Corporation Name  
**CRESTVIEW AEROSPACE CORPORATION**

Principal Place of Business      Mailing Address  
**C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801**      **C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/21/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3042245</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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      Country	28. Zip      Country
24.      25.      29.      30.	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANKLIN, CHARLES E.</b>	1.2 NAME	
STREET ADDRESS	<b>ESPERANZA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIEQUES PR 00785</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>1 E. 4TH ST, 12TH FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CINCINNATI OH 45202</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANKLIN, CHARLES R.</b>	3.2 NAME	
STREET ADDRESS	<b>24388 U.S. RT. 38</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MILFORD CENTER OH 43045</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNOW, HARRY T., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>7201 PAUL TIBBETS ST., BLDG 330</b>	4.3 STREET ADDRESS	<b>RESIGNED</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, WILLIAM G.</b>	5.2 NAME	
STREET ADDRESS	<b>7201 PAUL TIBBETS ST., BLDG. 330</b>	5.3 STREET ADDRESS	<b>RESIGNED</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, ANN</b>	6.2 NAME	
STREET ADDRESS	<b>315 HIGHGATE AVENUE</b>	6.3 STREET ADDRESS	<b>1394 BEECHLAKE DRIVE</b>
CITY - ST - ZIP	<b>WORTHINGTON OH 43085</b>	6.4 CITY - ST - ZIP	<b>COLUMBUS, OH 43235-1602</b>

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)(k), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROGER F. GOLDEN, ASST. SECRETARY**

**07 APRIL 1995 904-682-2746**

P31877

SUPPLEMENTAL LIST  
DIRECTORS/OFFICERS  
CRESTVIEW AEROSPACE CORPORATION  
DOCUMENT # P31877

12.

7.1 Title	P/D
7.2 Name	Owen, Jack E.
7.3 Address	5486 Fairchild Road
7.4 City,St,Z	Crestview, FL 32536-8100
8.1 Title	AS
8.2 Name	Golden, Roger F.
8.3 Address	5486 Fairchild Road
8.4 City,St,Z	Crestview, FL 32536-8100
9.1 Title	V
9.2 Name	Wiley, Bobby H.
9.3 Address	5486 Fairchild Road
9.4 City,St,Z	Crestview, FL 32536-8100
10.1 Title	AT
10.2 Name	Hundley, Dennis C.
10.3 Address	5486 Fairchild Road
10.4 City,St,Z	Crestview, FL 32536-8100