

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31877 (4)**

1. Corporation Name  
**CRESTVIEW AEROSPACE CORPORATION**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1990</b>	3a. Date of Last Report <b>04/11/1995</b>
21		26		4. FEI Number <b>59-3042245</b>	Applied For <input type="checkbox"/> Not Applicable
22	State, Apt. #, etc.	27	State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	25		30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0802 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 617.0205, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signer must print name and title in Block 12 or 13. If Registered Agent Signature is required, then insert "R" in Block 12 or 13.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES E.		1.2 NAME	DENNIS C. HUNDLEY	
STREET ADDRESS	ESPERANZA		1.3 STREET ADDRESS	5486 FAIRCHILD RD.	
CITY-STATE-ZIP	VIEQUES PR 00765		1.4 CITY-STATE-ZIP	CRESTVIEW, FL 32539	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, JOHN		2.2 NAME		
STREET ADDRESS	1 E. 4TH ST, 12TH FL		2.3 STREET ADDRESS		
CITY-STATE-ZIP	CINCINNATI OH 45202		2.4 CITY-STATE-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES R.		3.2 NAME		
STREET ADDRESS	24368 U.S. RT. 36		3.3 STREET ADDRESS		
CITY-STATE-ZIP	MILFORD CENTER OH 43045		3.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, ANN		4.2 NAME		
STREET ADDRESS	1394 BEECHLAKE DRIVE		4.3 STREET ADDRESS		
CITY-STATE-ZIP	COLUMBUS OH		4.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-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)(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: *Dennis C. Hundley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dennis C. Hundley Asst. Treasurer**  
 1/24/96 (904) 682-2746  
Daytime Phone #

CR2E034 (12/95)