

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

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P31877 (4)**

1. Corporation Name  
**CRESTVIEW AEROSPACE CORPORATION**



Principal Place of Business <b>CRESTVIEW AEROSPACE CORP.                  5786 FAIRCHILD ROAD                  CRESTVIEW FL 32539-8157</b>	Mailing Address <b>CRESTVIEW AEROSPACE CORP.                  5786 FAIRCHILD ROAD                  CRESTVIEW FL 32539-8157</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1990</b>	
21		26		4. FEI Number <b>59-3042245</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CD SHANKLIN, CHARLES E.</b>	1.2 NAME	<b>PRESIDENT JACK E. OWEN</b>
STREET ADDRESS	<b>ESPERANZA VIEQUES PR 00765</b>	1.3 STREET ADDRESS	<b>5486 FAIRCHILD RD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD SHANKLIN, CHARLES R.</b>	3.2 NAME	
STREET ADDRESS	<b>24368 U.S. RT. 36</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILFORD CENTER OH 43045</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GUSTAFSON, ANN</b>	4.2 NAME	
STREET ADDRESS	<b>1994 BEECHLAKE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T HUNDLEY, DENNIS C</b>	5.2 NAME	
STREET ADDRESS	<b>5486 FAIRCHILD RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	5.4 CITY-ST-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-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ **DENNIS C. HUNDLEY** 5-JAN-98 (950) 68-2746

CR2E034 (10/97)