

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

**FILED**

**May 07 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 # P94000007528 (0)**

**1. Corporation Name  
AVIATION SYSTEMS OF NORTHWEST FLORIDA, INC.**



**Principal Place of Business**  
5080 KEYSTONE DRIVE  
GULF BREEZE FL 32561

**Mailing Address**  
5080 KEYSTONE DRIVE  
GULF BREEZE FL 32561-8857

**3. Date Incorporated or Qualified** 01/19/1994  
**3a. Date of Last Report** 04/02/1996

**4. FEI Number** 59-3221867  
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**  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24

**2a. Mailing Address**  
25 Suite, Apt #, etc.  
26 City & State  
27 Zip Country  
28

**29** **30**

**9. Name and Address of Current Registered Agent**  
BOUTWELL, SHIRON W  
5080 KEYSTONE DRIVE  
GULF BREEZE FL 32561

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

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOUTWELL, SHIRON W	
STREET ADDRESS	5080 KEYSTONE DR	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BOUTWELL, GARY E SR	
STREET ADDRESS	5080 KEYSTONE DR	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOSTER, REMUS N	
STREET ADDRESS	5715 SANDSTONE DR	
CITY - ST - ZIP	PACE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASPAR, FRED L	
STREET ADDRESS	5835 SAUFLEY FIELD RD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CREARY, WILLIAM R	
STREET ADDRESS	6161 LEESWAY BLVD.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.**

**SIGNATURE:** *Gary E. Boutwell Sr* 4-29-97 (904) 857-1007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)