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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000007528

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 270 South Pace Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 P O Box 828 Suite, Apt. #, etc.
22 City & State 23 Pensacola, Fl	27 City & State 28 Pensacola, Fl
24 Zip 32501	29 Zip 32594-0828
25 Country Escambia	30 Country Escambia

3. Date Incorporated or Qualified 01/19/1994	4. FEI Number 59-3221867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boutwell, Shiron W	
1.3 STREET ADDRESS	5080 Keystone Dr	
1.4 CITY-ST-ZIP	Gulf Breeze, Fl	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boutwell, Gary E Sr	
2.3 STREET ADDRESS	5080_Keystone Dr.	
2.4 CITY-ST-ZIP	Gulf Breeze, Fl	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Foster, Remus N	
3.3 STREET ADDRESS	5715 Sandstone Dr	
3.4 CITY-ST-ZIP	Pace, Fl	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Caspar, Fred L	
4.3 STREET ADDRESS	5835 Saufley Field Rd	
4.4 CITY-ST-ZIP	Pensacola, Fl	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Creary, William R	
5.3 STREET ADDRESS	6161 Leesway Blvd	
5.4 CITY-ST-ZIP	Pensacola, Fl	
6.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carrion, Jose' L	
6.3 STREET ADDRESS	5806 Abba Lane	
6.4 CITY-ST-ZIP	Pensacola, Fl	

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, with all other like empowered.

SIGNATURE: *Shiron W Boutwell* **Shiron W Boutwell** Date: **3-16-99** Daytime Phone #: **850-469-0069**

CR2E034 (11/98)