I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

CEO

SIGNATURE: JANE E. ADKINSON

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007528

Entity Name: AVIATION SYSTEMS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

111 S. DE VILLIERS ST. SUITE B PENSACOLA, FL 32502

Current Mailing Address:

111 S. DE VILLIERS ST. SUITE B PENSACOLA, FL 32502 US

FEI Number: 59-3221867

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ADKINSON, JANE E 111 S. DE VILLIERS ST. SUITE B PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Officer/Director Detail ·

Onicer/Director Detail.			
Title	CEO	Title	PS
Name	ADKINSON, JANE E	Name	ADKINSON, ADAM F
Address	111 S. DE VILLIERS ST., STE B	Address	111 S. DE VILLIERS ST., STE B
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502

FILED Jan 23, 2013 Secretary of State CC2563846832

Certificate of Status Desired: Yes

01/23/2013 Date

Date