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Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **409575** (8)

1. Corporation Name
NAVAIR DEVELOPMENT CORPORATION

Principal Place of Business
**13333 JOHNSON BEACH RD., #803
PENSACOLA FL 32507**

Mailing Address
**13333 JOHNSON BEACH RD., #803
PENSACOLA FL 32507**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1972

4. FEI Number
59-1418448

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMONI, LORETTA A
EMMANUEL, SHEPPARD & CONDON
30 S. SPRING STREET
PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HOLCOMBE, GARY L**
STREET ADDRESS **13333 JOHNSON BEACH RD., #803**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **VD** ☐ DELETE
NAME **MURPHY, ROGER W**
STREET ADDRESS **800 ANDIRON COURT**
CITY-ST-ZIP **STONE MT. GA 30083**

TITLE **SD** ☐ DELETE
NAME **GILBERT, LOWELL A**
STREET ADDRESS **800 ANDIRON COURT**
CITY-ST-ZIP **STONE MT. GA 30083**

TITLE **TD** ☐ DELETE
NAME **HOLCOMBE, D. RODNEY**
STREET ADDRESS **4140 CAPRI DR.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE
NAME **BAKER, WILLARD K**
STREET ADDRESS **4611 CEDAR KEYS LANE**
CITY-ST-ZIP **STONE MT. GA 30083**

TITLE **D** ☐ DELETE
NAME **DEAKE, RAY N**
STREET ADDRESS **2306 EMERALD FALLS DR.**
CITY-ST-ZIP **DECATUR GA 30035**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Sandra B. Mortham

3-24-98(850)492-1669

CR2E034 (10/97)