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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90125 012 \*\*\*150.00

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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 # 409575

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLCOMBE, GARY L	
STREET ADDRESS	13333 JOHNSON BEACH RD., #803	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURPHY, ROGER W	
STREET ADDRESS	<del>900 ANDIRON COURT</del> 4151 Blue Iris Hollow	
CITY-ST-ZIP	<del>STONE MT. GA 30083</del> NORCROSS, GA 30092	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GILBERT, LOWELL A	
STREET ADDRESS	<del>900 ANDIRON COURT</del> P.O. 599	
CITY-ST-ZIP	<del>STONE MT. GA 30083</del> CONIFER, CO 80433	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLCOMBE, D. RODNEY	
STREET ADDRESS	<del>4140 CAPRI DR.</del> 415 Quillen Avenue	
CITY-ST-ZIP	<del>PENSACOLA FL 32504</del> Fountain Inn, SC 29644	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, WILLARD K	
STREET ADDRESS	4611 CEDAR KEYS LANE	
CITY-ST-ZIP	STONE MT. GA 30083	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAKE, RAY N	
STREET ADDRESS	2306 EMERALD FALLS DR.	
CITY-ST-ZIP	DECATUR GA 30035	

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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Holcombe 1-6-99 850 492-1669

CR2E034 (11/98)