


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90127 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 736524</b> 1. Corporation Name <b>AIR FORCE ARMAMENT MUSEUM FOUNDATION, INC.</b>		
Principal Place of Business 100 MUSEUM DRIVE EGLIN AIR FORCE BASE FL 32542-1497 US	Mailing Address 100 MUSEUM DRIVE EGLIN AIR FORCE BASE FL 32542-1497 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/04/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1748629
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, RANDALL P 188 GRANDVIEW AVE VALPARAISO FL 32580		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKEL, C. WALTER	1.2 NAME	
STREET ADDRESS	23 JOHN SIMS PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOR, LEROY J	2.2 NAME	
STREET ADDRESS	92 COUNTRY CLUB RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABASE, FRANK	3.2 NAME	
STREET ADDRESS	35 LONGWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, WALTER F, SR	4.2 NAME	
STREET ADDRESS	301 BAYSHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIT, JOHN P	5.2 NAME	
STREET ADDRESS	228 LAFITTE CRESC	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOSEPH JR	6.2 NAME	
STREET ADDRESS	33 BAYSHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	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 617, 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: Joseph Davis, Jr. 2/26/99 (850) 651-0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)