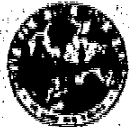


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:51

DOCUMENT # **F9400000584 (2)**

1. Corporation Name

P&WC AIRCRAFT SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REMEDUM INDUSTRIAL PARK
RT. 3, BOX 16
BRIDGEPORT WV 26330

REMEDUM INDUSTRIAL PARK
RT. 3, BOX 16
BRIDGEPORT WV 26330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

55-0521794

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 has liability for intangible tax under §. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSTIGUY, GEORGES C
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330
TITLE	AT
NAME	BURKHAMMER, CHARLES O
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330
TITLE	S
NAME	ANDREWS, PATRICK
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330
TITLE	T
NAME	GAUDETTE, GILBERT
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330
TITLE	D
NAME	PASCO, CJC
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330
TITLE	D
NAME	STEERS, R F
STREET ADDRESS	RT. 3, BOX 16
CITY - ST - ZIP	BRIDGEPORT WV 26330

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Colpin	
1.3 STREET ADDRESS	Rt. 3, Box 16	
1.4 CITY - ST - ZIP	Bridgeport, WV 26330	
2.1 TITLE	Robert Mylott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer	
2.3 STREET ADDRESS	Rt. 3, Box 16	
2.4 CITY - ST - ZIP	Bridgeport, WV 26330	
3.1 TITLE	Lynn Barlow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	General Manager	
3.3 STREET ADDRESS	Rt. 3, Box 16	
3.4 CITY - ST - ZIP	Bridgeport, WV 26330	
4.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marvin Clark	
4.3 STREET ADDRESS	Rt. 3, Box 16	
4.4 CITY - ST - ZIP	Bridgeport, WV 26330	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Robert Mylott

Treasurer

304/842-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Article 1, Page 2)