

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000000584 (2)**

1. Corporation Name  
**P&WC AIRCRAFT SERVICES, INC.**



Principal Place of Business  
**BENEDUM INDUSTRIAL PK  
RT 3 BOX 16  
BRIDGEPORT WV 26330  
US**

Mailing Address  
**BENEDUM INDUSTRIAL PK  
RT 3 BOX 16  
BRIDGEPORT WV 26330-9506  
US**

3. Date Incorporated or Qualified  
**02/07/1994**

3a. Date of Last Report  
**05/01/1996**

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 s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>COLPIN, JEAN</b>
STREET ADDRESS	<b>ROUTE 3 BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MYLOTT, ROBERT</b>
STREET ADDRESS	<b>ROUTE 3 BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>ANDREWS, PATRICK</b>
STREET ADDRESS	<b>RT. 3, BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV 26330</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>BURKHAMMER, CHARLES</b>
STREET ADDRESS	<b>RT 3 BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PASCO, CJC</b>
STREET ADDRESS	<b>RT. 3, BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV 26330</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEERS, R F</b>
STREET ADDRESS	<b>RT. 3, BOX 16</b>
CITY - ST - ZIP	<b>BRIDGEPORT WV 26330</b>

**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 do 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: *Charles Burkhammer* **BURKHAMMER** **Asst Treasurer** **04-23-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)