

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J81428**

(1)

1. Corporation Name

TEPPER AVIATION, INC.

Principal Place of Business

**FAIRCHILD ROAD
CRESTVIEW FL 32539
US**

Mailing Address

**P.O. BOX 100
CRESTVIEW FL 32536-0100
US**

FILED
Mar 28 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1987	3a. Date of Last Report 02/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2821261	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICE, DALE E.
215 HWY 90 E.
CRESTVIEW FL 32536**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Vice-President
NAME	RICE, DALE E.	1.2 NAME	Bobby L. Owens
STREET ADDRESS	215 HWY 90 E.	1.3 STREET ADDRESS	1047 Tallokas
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	D	2.1 TITLE	Sec/Treas
NAME	BLEDSE, THOMAS M.	2.2 NAME	Gracie T. Petty
STREET ADDRESS	110 SPIEGNER ST.	2.3 STREET ADDRESS	1020 Alderwood Way
CITY-ST-ZIP	DOTHAN AL	2.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	D	3.1 TITLE	
NAME	OWENS, JACK	3.2 NAME	
STREET ADDRESS	9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	LEHFELDT, BRUCE R.	4.2 NAME	
STREET ADDRESS	2241 ROCKY SHORES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HERMS, JOHN M	5.2 NAME	
STREET ADDRESS	308 OAKLAKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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:

John M. Herms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Herms, Pres

3-25-97

904 682-8411

Date

Daytime Phone #

0487280

CR2E034 (9/96)