

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J81428** (1)  
1. Corporation Name  
**TEPPER AVIATION, INC.**



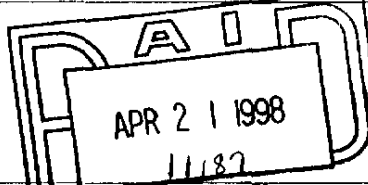
Principal Place of Business <b>FAIRCHILD ROAD CRESTVIEW FL 32539 US</b>	Mailing Address <b>P.O. BOX 100 CRESTVIEW FL 32536 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>07/02/1987</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>59-2821261</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <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**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

**11. Pursuant to the provisions of Sections 607.0132 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICE, DALE E.</b>	1.2 NAME	<b>EDER, SCOTT L.</b>
STREET ADDRESS	<b>215 HWY 90 E.</b>	1.3 STREET ADDRESS	<b>1156 Troon Drive West</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	1.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEDSON, THOMAS M.</b>	2.2 NAME	
STREET ADDRESS	<b>110 SPIEGNER ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOTHAN AL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OWENS, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>9TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OWENS, BOBBY L</b>	4.2 NAME	
STREET ADDRESS	<b>1047 TALLOKAS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMS, JOHN M</b>	5.2 NAME	
STREET ADDRESS	<b>306 OAKLAKE LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTY, GRACIE T</b>	6.2 NAME	
STREET ADDRESS	<b>1020 ALDERWOOD WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	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, or on an attachment with an address.**

SIGNATURE: *Gracie T Petty* *Gracie T Petty* *11-01-98 02:16:24*

CR2E034 (10/97)