


FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 02 1997 8:00am Secretary of State	
DOCUMENT # K56045 (3)					
1. Corporation Name RAWLS AVIATION, INC.					
Principal Place of Business 2384 JAMESTOWN ROAD FERNANDINA BEACH FL 32034 US		Mailing Address 1344 AUTUMN TRACE AMELIA ISLAND FL 32034-5400 US			
2. Principal Place of Business 21 2364 JAMESTOWN Rd		2a. Mailing Address 26 Suite, Apt #, etc.		3. Date Incorporated or Qualified 01/05/1989	
22 City & State		27 City & State		3a. Date of Last Report 04/24/1996	
23 Zip		28 Zip		4. FEI Number 59-2824073	
24 Country		29 Country		Applied For Not Applicable	
25		30		5. Certificate of Status Desired \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MCCRANIE, DANIEL, I 26 SOUTH 5TH ST FERNANDINA BCH FL 32034		10. Name and Address of New Registered Agent			
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.		81 Name			
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)			
(Signature typed or printed name of registered agent and title if applicable)		83			
(NOTE: Registered Agent signature required when reinstating)		84 City			
DATE		85 Zip Code			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME 1.2 STREET ADDRESS 1.3 CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
2.1 TITLE NAME 2.2 STREET ADDRESS 2.3 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
3.1 TITLE NAME 3.2 STREET ADDRESS 3.3 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
4.1 TITLE NAME 4.2 STREET ADDRESS 4.3 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
5.1 TITLE NAME 5.2 STREET ADDRESS 5.3 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
6.1 TITLE NAME 6.2 STREET ADDRESS 6.3 CITY - ST - ZIP		6.1 TITLE 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: [Signature] HUGH M. RAWLS					
3-27-97 904-261-8691					