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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14055 (0)

1. Corporation Name

PILOT CLASS 43-D ASSOCIATION, INC.



Principal Place of Business

Mailing Address

316 FLORIDA AVENUE
GULF BREEZE FL 32561-4242316 FLORIDA AVENUE
GULF BREEZE FL 32561-42423. Date Incorporated or Qualified
03/27/19863a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2603693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUTKO, FRANCIS J.
316 FLORIDA AVE.
GULF BREEZE FL 32561-4242

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 617.0502 and 617.1508, 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 617.0503, 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 PD
NAME DUTKO, FRANCIS J.
STREET ADDRESS 316 FLORIDA AVE.
CITY-ST-ZIP GULF BREEZE FL 32561-42421.1 TITLE PD
1.2 NAME DUTKO, FRANCIS J.
1.3 STREET ADDRESS 316 FLORIDA AVE.
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561-4242TITLE PD
NAME PRICHARD, OTIS
STREET ADDRESS 408 BRETCOE DR
CITY-ST-ZIP GREEN BAY FL2.1 TITLE PD
2.2 NAME GABB, ROBERT S.
2.3 STREET ADDRESS PO Box 5416 - N/A.
2.4 CITY-ST-ZIP KIRTLAND AFB, NM 87185TITLE VPD
NAME PETERSON, HAROLD
STREET ADDRESS 2568 S 18TH ST
CITY-ST-ZIP SALT LAKE CITY FL3.1 TITLE VPD
3.2 NAME ROLLA, FRANK J.
3.3 STREET ADDRESS 617 CROWNIDE DR
3.4 CITY-ST-ZIP COLORADO SPRINGS, CO 80904TITLE D
NAME DESSERT, DONALD
STREET ADDRESS 331 RAVEN ROCK LANE
CITY-ST-ZIP LONGWOOD FL 327504.1 TITLE D
4.2 NAME DESSERT, DONALD
4.3 STREET ADDRESS 331 RAVEN ROCK LANE
4.4 CITY-ST-ZIP LONGWOOD, FL 32750TITLE S
NAME RISER, EUGENE LEROY
STREET ADDRESS BOX 1747 N/A
CITY-ST-ZIP KINGSLAND TX5.1 TITLE S
5.2 NAME SPEER, ARTHUR JD
5.3 STREET ADDRESS 35 SECOND ST.
5.4 CITY-ST-ZIP SWANTON, VT 05488TITLE T
NAME KORTHALS, DICK
STREET ADDRESS 2880 INSPIRATION DR
CITY-ST-ZIP COLORADO SPRINGS CO 809176.1 TITLE T
6.2 NAME KORTHALS, DICK
6.3 STREET ADDRESS 2880 INSPIRATION DR
6.4 CITY-ST-ZIP COLORADO SPRINGS, CO 80917

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 1997

(904) 932-3467

Daytime Phone # 0074158

CR2E037 (9/96)