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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001490 (1)

1. Corporation Name

CRESTVIEW MODEL AVIATORS, INC.

Principal Place of Business

Mailing Address

8801 GARDEN CITY ROAD
CRESTVIEW FL 32536C/O CHESTER C. HOLLOWAY
515 STILLWELL BLVD.
CRESTVIEW FL 32539-6914

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

6424 FLORIDA AVE.

27

Suite, Apt. #, etc.

22

City & State

28

CRESTVIEW FL

23

Zip

Country

29

32539

Country

USA

24

25

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

12/27/1996

4. FEI Number

NOT APPLICABLE

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☒ NoSTRAWER, DAVID B
6424 FLORIDA AVE
CRESTVIEW FL 32539

81 Name

STRAWER, David B.

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 *David B. Strawser*

(NOTE: Registered Agent signature required when reinstating)

DATE

02-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME HOLLOWAY, CHESTER
STREET ADDRESS 515 STILLWELL BLVD.
CITY - ST - ZIP CRESTVIEW FL 325361.1 TITLE P.D. ☒ Change ☐ Addition1.2 NAME JACK W. GRAY
1.3 STREET ADDRESS R-9 Box 4662
1.4 CITY - ST - ZIP DE FUNIAK SPRINGS, FL 32434TITLE VD ☒ DELETENAME SHUMAN, PATRICK F
STREET ADDRESS POST OFFICE BOX 1745 N/A
CITY - ST - ZIP CRESTVIEW FL 325362.1 TITLE VD ☒ Change ☐ Addition2.2 NAME STEVE PERKINS
2.3 STREET ADDRESS 6187 JONQUIL ST.
2.4 CITY - ST - ZIP CRESTVIEW, FL 32539TITLE TD ☐ DELETENAME STRAWER, DAVID B
STREET ADDRESS 6424 FLORIDA AVE
CITY - ST - ZIP CRESTVIEW FL 325363.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE SD ☐ DELETENAME GIFFARD, JAMES G
STREET ADDRESS 2806 TOP FLIGHT DRIVE
CITY - ST - ZIP CRESTVIEW FL 325364.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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 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

DAVID B. STRAWER

02-11-97

(904) 682-2634

CR2E037 (9/96)