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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA 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 6204 GARDEN CITY ROAD CRESTVIEW FL 32536	Mailing Address 6424 FLORIDA AVE 515 STILLWELL BLVD. CRESTVIEW FL 32539 US
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3. Date Incorporated or Qualified 04/25/1994	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
21	25
22	26
23	27
24	28
25	29
26	30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent STRAWSER, DAVID B 6424 FLORIDA AVE CRESTVIEW FL 32539

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code				
81	82	83	84	85
NAME	GIEFFARD, JAMES G.		CRESTVIEW	FL 32539
STREET ADDRESS (P.O. Box Number is Not Acceptable)	4568 TOP FLIGHT DR.			

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 <i>James G. Gieffard</i> JAMES G. GIEFFARD SD 3/15/98 (NOTE: Registered Agent signature required when reinstating)
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12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD GRAY, JACK W
STREET ADDRESS	RT 9 BOX 4662
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD PERKINS, STEVE
STREET ADDRESS	6187 JONQUIL ST
CITY-ST-ZIP	CRESTVIEW FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD STRAWSER, DAVID B
STREET ADDRESS	6424 FLORIDA AVE
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> DELETE
NAME	SD GIEFFARD, JAMES G
STREET ADDRESS	2806 TOP FLIGHT DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1005 DONNA LANE
1.4 CITY-ST-ZIP	DE FUNIAK SPRINGS, FL 32433
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD JIM LEWIS
2.3 STREET ADDRESS	6204 GARDEN CITY ROAD
2.4 CITY-ST-ZIP	CRESTVIEW, FLORIDA 32539
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD JACK MCALISTER
3.3 STREET ADDRESS	1033 CHRISTY DRIVE
3.4 CITY-ST-ZIP	NICEVILLE, FLORIDA 32578
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4568 TOP FLIGHT DRIVE
4.4 CITY-ST-ZIP	CRESTVIEW, FLORIDA 32539
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TR GEORGE DOBISON
5.3 STREET ADDRESS	95 WEST HODGE ROAD
5.4 CITY-ST-ZIP	SANTA ROSA BEACH, FLORIDA 32459
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TR WILLIAM J. PHILLIPS II
6.3 STREET ADDRESS	419 JOHN KING ROAD
6.4 CITY-ST-ZIP	CRESTVIEW, FLORIDA 32539

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
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SIGNATURE: <i>James G. Gieffard</i> JAMES G. GIEFFARD SD 3/15/98
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CR2E037 (10/97)