

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90114 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001490

1. Corporation Name

CRESTVIEW MODEL AVIATORS, INC.

Principal Place of Business
6204 GARDEN CITY ROAD
CRESTVIEW FL 32536

Mailing Address
4568 TOP FLIGHT DR
CRESTVIEW FL 32539
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22 City & State		27 City & State		Applied For No. Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GIFFARD, JAMES G. 4568 TOP FLIGHT DR CRESTVIEW FL 32539				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 JAMES G. GIFFARD 04/20/1999
Signature, typed or printed name of registered agent and title if applicable DATE
1001 E. Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JACK W	1.2 NAME	
STREET ADDRESS	1005 DONNA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JIM	2.2 NAME	EDWARD BRADLEY, EDWARD
STREET ADDRESS	6204 GARDEN CITY RD	2.3 STREET ADDRESS	5397 WOODLAND AVE.
CITY-ST-ZIP	CRESTVIEW FL 32539	2.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALISTER, JACK	3.2 NAME	
STREET ADDRESS	1033 CHRISTY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFARD, JAMES G	4.2 NAME	
STREET ADDRESS	4568 TOP FLIGHT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBISON, GEORGE	5.2 NAME	
STREET ADDRESS	95 W HODGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	5.4 CITY-ST-ZIP	
TITLE	TR P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIPS, II W	6.2 NAME	PHILLIPS II, W
STREET ADDRESS	419 JOHN KING RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. GIFFARD 4/20/1999 850-689-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)