

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR -2 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14998** (9)

1. Corporation Name
ASSOCIATION OF NAVAL AVIATION, INC.

Principal Place of Business Mailing Address
5205 LEEBSBURG PIKE SUITE 200 FALLS CHURCH VA 22041-0863

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/24/1987** 3a. Date of Last Report **02/08/1994**
4. FEI Number **54-1038467** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**DÜRR, ALEX J MR.
13100 CORONADO DRIVE
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

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 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.

SIGNATURE *Anthony A Less*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------------|
| TITLE | CM Chairman |
| NAME | MCDONALD, WESLEY L. |
| STREET ADDRESS | 1814 S 24TH ST. |
| CITY - ST - ZIP | ARLINGTON VA |
| TITLE | P President |
| NAME | ANTHONY A LESS |
| STREET ADDRESS | 2919 STRATHAVEN PI |
| CITY - ST - ZIP | VIENNA VA 22181 |
| TITLE | T Treasurer |
| NAME | HENDERSON, SUE B. MRS. |
| STREET ADDRESS | 7928 WELLINGTON ROAD |
| CITY - ST - ZIP | ALEXANDRIA VA |
| TITLE | A Secretary |
| NAME | SAMMONS, CHARLES E |
| STREET ADDRESS | 5862 WOODFIELD ESTA. DR |
| CITY - ST - ZIP | SPRINGFIELD VA |
| TITLE | Officer Vice President |
| NAME | ADM James Busey |
| STREET ADDRESS | 8755 Copland Ct |
| CITY - ST - ZIP | Fairfax VA 22031 |
| TITLE | Officer Vice President |
| NAME | ADM Huntington Hardisty |
| STREET ADDRESS | 3705 S George Mason Dr #1408S |
| CITY - ST - ZIP | Falls Church VA 22041 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | Officer Senior Vice President Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME | COMO Thomas J Lupo |
| 1.3 STREET ADDRESS | 145 Robert E Lee Blvd Penthouse Suite |
| 1.4 CITY - ST - ZIP | New Orleans LA 70124 |
| 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 recorder 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 of this filing or an attachment with it.

SIGNATURE: *Anthony A Less* **Anthony A Less, President**

1/23/95

703-998-7733

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number