

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P16878 (1)

1. Corporation Name

AVIATION CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

2690 CUMBERLAND PKWY., SUITE 200
ATLANTA GA 30339

2690 CUMBERLAND PKWY., SUITE 200
ATLANTA GA 30339

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

3. Date Incorporated or Qualified

11/19/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1742184

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature (based on printed name of registered agent and listed applicable) (the registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	JOYNER, B.E.	
STREET ADDRESS	6901 RIVERTOWN ROAD	
CITY - ST - ZIP	FAIRBURN GA	
TITLE	S	☐ DELETE
NAME	CRAKER, CONAN D.	
STREET ADDRESS	2446 MUIRFIELD WAY	
CITY - ST - ZIP	DULTUH GA	
TITLE	DTCF	☒ DELETE
NAME	HARKLEROD, FRED A.	
STREET ADDRESS	576 NICKAJACK ROAD	
CITY - ST - ZIP	MABLETON GA	
TITLE	D	☐ DELETE
NAME	CLEVELAND, SR J.R.	
STREET ADDRESS	670 ATLANTA COUNTRY CLUB	
CITY - ST - ZIP	MARIETTA GA	
TITLE	DP	☐ DELETE
NAME	STRATTON, TERRY	
STREET ADDRESS	2921 LENOX ROAD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	STRATTON, TODD A	
STREET ADDRESS	1401 W PACES FERRY RD. #1315	
CITY - ST - ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	☐ Change ☒ Addition
12 NAME	Galen F. Ambrose	
13 STREET ADDRESS	1690 Little Willeo Rd.	
14 CITY - ST - ZIP	Marietta, GA 30068	
21 TITLE	DP	☒ Change ☐ Addition
22 NAME	Terry A. Stratton	
23 STREET ADDRESS	12 Vale Close	
24 CITY - ST - ZIP	Atlanta Ga 30324	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k) 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

Conan D. Craker

Date

Day/Month/Year

CR2E034 (3/96)