

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 21 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



**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**  
**2690 CUMBERLAND PKWY., SUITE 200**  
**ATLANTA GA 30339**

**Mailing Address**  
**2690 CUMBERLAND PKWY., SUITE 200**  
**ATLANTA GA 30339-3913**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>11/19/1987</b>	<b>3a. Date of Last Report</b> <b>06/18/1996</b>
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>58-1742184</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip		<b>28</b> Zip		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country		<b>29</b> Country		<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	
		<b>FL</b> <b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>T</b> <input checked="" type="checkbox"/> <b>DELETE</b>	<b>1.1 TITLE</b>	<b>TREASURER</b> <input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>AMBROSE, GALEN F</b>	<b>1.2 NAME</b>	<b>HARBOUR, KENNETH</b>
<b>STREET ADDRESS</b>	<b>1690 LITTLE WILLOE RD</b>	<b>1.3 STREET ADDRESS</b>	<b>2690 CUMBERLAND PKWY. SUITE 200</b>
<b>CITY - ST - ZIP</b>	<b>MARIETTA GA</b>	<b>1.4 CITY - ST - ZIP</b>	<b>ATLANTA, GA 30339</b>
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> <b>DELETE</b>	<b>2.1 TITLE</b>	<b>SECRETARY</b> <input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>STRATTON, TERRY A</b>	<b>2.2 NAME</b>	<b>CRAKER, CONAN</b>
<b>STREET ADDRESS</b>	<b>12 VALE CLOSE</b>	<b>2.3 STREET ADDRESS</b>	<b>2446 MUIRFIELD WAY</b>
<b>CITY - ST - ZIP</b>	<b>ATLANTA GA</b>	<b>2.4 CITY - ST - ZIP</b>	<b>DULUTH, GA 30136</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> <b>DELETE</b>	<b>3.1 TITLE</b>	<b>DVP</b> <input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>CLEVELAND, SR J.R.</b>	<b>3.2 NAME</b>	<b>JOYNER, B.E.</b>
<b>STREET ADDRESS</b>	<b>670 ATLANTA COUNTRY CLUB</b>	<b>3.3 STREET ADDRESS</b>	<b>6901 RIVERTOWN ROAD</b>
<b>CITY - ST - ZIP</b>	<b>MARIETTA GA</b>	<b>3.4 CITY - ST - ZIP</b>	<b>FAIRBURN, GA 30213</b>
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> <b>DELETE</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>STRATTON, TERRY</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2921 LENOX ROAD</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ATLANTA GA</b>	<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> <b>DELETE</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>STRATTON, TODD A</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1401 W PACES FERRY RD. #1315</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ATLANTA GA</b>	<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.**

**SIGNATURE:** **CONAN D. CRAKER** **5/15/97** **(770) 431-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**0012287**

CR2E034 (9/96)