FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P31877 (4)

1. Corporation Name

CRESTVIEW AEROSPACE CORPORATION

Principal Place of Business	Mailing Address
C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801

3. Date Incorporated or Qualified: 11/21/1990
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-3042245 ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	CD	☐ DELETE
NAME	SHANKLIN, CHARLES E.	
STREET ADDRESS	ESPERANZA	
CITY-ST-ZIP	VIEQUES PR 00765	
TITLE	SD	☐ DELETE
NAME	SAWYER, JOHN	
STREET ADDRESS	1 E. 4TH ST, 12TH FL	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	TD	☐ DELETE
NAME	SHANKLIN, CHARLES R.	
STREET ADDRESS	24368 U.S. RT. 36	
CITY-ST-ZIP	MILFORD CENTER OH 43045	
TITLE	D	☐ DELETE
NAME	GUSTAFSON, ANN	
STREET ADDRESS	1394 BEECHLAKE DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
1.2 NAME	DENNIS C. HUNDLEY	
1.3 STREET ADDRESS	5486 FAIRCHILD RD.	
1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: Dennis C. Hundley 1/24/96 (904)682-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis C. Hundley Asst. Treasurer