

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060649

Entity Name: ATLANTIC COAST HELICOPTERS, INC.**Current Principal Place of Business:**1124 CAPITANILLA DRIVE
VERO BEACH, FL 32963**Current Mailing Address:**1124 CAPITANILLA DRIVE
VERO BEACH, FL 32963 US**FEI Number:** 58-2478093**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PANZA, THOMAS FESQ
C/O PANZA, MAURER & MAYNARD, PA
3600 NO. FEDERAL HWY, 3RD FLOOR
FT LAUDERDALE, FL 33308 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SNOWDEN, GUY B
Address	10150 SAINT AUGUSTINE AVENUE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	ZIMMER, JEFFREY J
Address	3001 OCEAN DRIVE SUITE 201
City-State-Zip:	VERO BEACH FL 32963

Title	S, VP
Name	MALIKOW, LOUIS R
Address	P.O. BOX 813
City-State-Zip:	SARATOGA SPRINGS NY 12866

Title	ASST. SECRETARY
Name	HELLER, RUTH A
Address	4949 NORTH A1A #203
City-State-Zip:	HUTCHINSON ISLAND FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS R MALIKOW**SECRETARY****03/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date