

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:14

DOCUMENT # 738565 (1)
1. Corporation Name
THE HELICOPTER ASSOCIATION OF FLORIDA, INC.

Principal Place of Business Mailing Address
7345 POINCIANA CT. 7345 POINCIANA CT.
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1977 3a. Date of Last Report 08/15/1994
4. FBI Number 59-1831746 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. 109.032, 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 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
1 RIGGS, WILLIAM L.
7345 POINCIANA CT.
MIAMI LAKES FL 33014

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 *William L. Riggs* 03-23-95
Signature, typed or printed name of registered agent and file # (if applicable) DATE
NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, DONALD	1.2 NAME	
STREET ADDRESS	15720 S.W. 53 COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33331	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GREANEY, JOHN	2.2 NAME	
STREET ADDRESS	6360 LAKE JUNE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33014	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, KENNETH	3.2 NAME	
STREET ADDRESS	8699 S.W. 51ST COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL 33328	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RIGGS, WILLIAM	4.2 NAME	
STREET ADDRESS	7345 POINCIANA COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33014	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 the address.

SIGNATURE: *William L. Riggs* 03-23-95 822-3899
Signature, typed or printed name of signing officer or director Date License #