

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F22341**

(4)

1. Corporation Name:

AIRCOASTAL HELICOPTERS, INC.



Principal Place of Business

**2615 LANTANA RD., SUITE 'J'
LANTANA FL 33462**

Mailing Address

**2615 LANTANA RD., SUITE 'J'
LANTANA FL 33462**

3. Date Incorporated or Qualified
03/09/1981

3a. Date of Last Report
09/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2064645

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

**CROWE, BOYCE D JR
2615 LANTANA RD., SUITE 'J'
LANTANA FL 33462**

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 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Boyce D. Crowe, Jr.

02-11-96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PDS

☐ DELETE

2. NAME

CROWE, BOYCE D JR

3. STREET ADDRESS

2615 LANTANA RD. STE J

4. CITY, ST, ZIP

LANTANA FL 33462

5. TITLE

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Boyce D. Crowe, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-96
DATE

407-642-6840
Display Phone

CR2E034 (12/95)