

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 # F58781 (8)

1. Corporation Name

SUN COUNTRY HELICOPTERS, INC.



Principal Place of Business

P O BOX 2210
PALM CITY FL 34990
US

Mailing Address

P O BOX 2210
PALM CITY FL 34990
US

2. Principal Place of Business

21 PO Box 12874

Suite, Apt. #, etc.

22 FT PIERCE

City & State

23 FL

Zip

24 34979

Country

25 ST LUCIE

2a. Mailing Address

26 PO Box 12874

Suite, Apt. #, etc.

27 FT PIERCE

City & State

28 FL

Zip

29 34979

Country

30 ST LUCIE

3. Date Incorporated or Qualified
12/17/1981

3a. Date of Last Report
04/21/1995

4. FEI Number
59-2182895

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

MCKIBBEN, JEFF J
106 SOUTH 5TH AVENUE, SUITE B
WAUCHULA FL 33873

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 *Joan B. Jones* JOAN B. JONES C.E.O.

4-27-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, ROBERT A
STREET ADDRESS 5545 KANNER HWY TT20
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE VST
NAME JONES, JOAN B
STREET ADDRESS 5545 KANNER HWY TT20
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE D
NAME BARLET, JOAN S
STREET ADDRESS 5545 KANNER HWY TT-20
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE D
NAME MESSINA, CATHERINE L
STREET ADDRESS 5545 KANNER HWY TT-20
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9904 OKEECHOBEE ROAD
FT PIERCE, FL 34945

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9904 OKEECHOBEE ROAD
FT PIERCE, FL 34945

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

9904 OKEECHOBEE ROAD
FT PIERCE, FL 34945

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
MICHELLE BECK
9904 OKEECHOBEE ROAD
FT PIERCE, FL 34945

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Joan B. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

407 467-2401

Daytime Phone #

CR2E034 (12/95)