FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

DOCUMENT # F93000002935 (5)

HI-LIFT HELICOPTERS INT'L LTD., INC.

200001481002
-05/09/95--01098--015
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
51 N. HOAGLAND BLVD. KISSIMMEE, FL 34741	51 N. HOAGLAND BLVD. KISSIMMEE, FL 34741

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report:

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

4. FEI Number: 38-1887702 ☐ 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 submitted its eligible tax under S. 193.022, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STUTESMAN, BURNELL O.
51 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

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: (Typed or printed name of registered agent and the signature) (NOTE: Registered Agent's signature is required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P	11 TITLE	☐ Change ☐ Addition
NAME	STUTESMAN, BURNELL O.	12 NAME	
STREET ADDRESS	3447 C.R. 547 N.	13 STREET ADDRESS	
CITY ST ZIP	DAVENPORT, FL 33837	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HICKS, GARY	22 NAME	
STREET ADDRESS	1461 CENTER SPRINGS AVE.	23 STREET ADDRESS	
CITY ST ZIP	WAYNESVILLE, OH 45068	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STUTESMAN, MARGARET	32 NAME	
STREET ADDRESS	3447 C.R. 547 N.	33 STREET ADDRESS	
CITY ST ZIP	DAVENPORT, FL 33837	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	STUTESMAN, DAVID	42 NAME	
STREET ADDRESS	3408 HAWKIN DR.	43 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE, FL 34746	44 CITY ST ZIP	
TITLE	S/T	51 TITLE	☐ Change ☐ Addition
NAME	STUTESMAN, DALE	52 NAME	
STREET ADDRESS	3445 C.R. 547 N.	53 STREET ADDRESS	
CITY ST ZIP	DAVENPORT, FL 33837	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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 added to the report.

SIGNATURE: Burnell O. Stutesman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95
Date

(407) 846-2229
Daytime Phone #