

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 # F93000002935 (5)

1. Corporation Name

HILIFT HELICOPTERS INT'L LTD., INC.



Principal Place of Business

51 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741

Mailing Address

51 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, and date if applicable

Signature, typed or printed name of registered agent, and date if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CP

NAME

STUTESMAN, BURNELL O

STREET ADDRESS

3447 CR 547 N.

CITY - ST - ZIP

DAVENPORT FL 33837

TITLE

D

NAME

HICKS, GARY

STREET ADDRESS

1481 CENTER SPRINGS AVE.

CITY - ST - ZIP

WAYNESVILLE OH 45068

TITLE

D

NAME

STUTESMAN, MARGARET

STREET ADDRESS

3447 CR 547 N.

CITY - ST - ZIP

DAVENPORT FL 33837

TITLE

V

NAME

STUTESMAN, DAVID

STREET ADDRESS

3408 HAWKIN DR.

CITY - ST - ZIP

KISSIMMEE FL 34746

TITLE

ST

NAME

STUTESMAN, DALE

STREET ADDRESS

3443 CR 547 N.

CITY - ST - ZIP

DAVENPORT FL 33837

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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

*Burnell O Stutesman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96

(407) 846-2229

CR2E034 (12/95)