

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 # F94000004687 (9)

1. Corporation Name

HEILEMAN AIR SERVICES, INC.



Principal Place of Business

200 PATRIOT WAY
NAPLES FL 33941
US

Mailing Address

100 HARBORVIEW PLAZA
LA CROSSE WI 54602-0459

2. Principal Place of Business

2a. Mailing Address

21 9399 West Higgins Rd.

26 Suite, Apt. #, etc.

22 Suite 700

27 Suite, Apt. #, etc.

23 Rosemont, IL

28 City & State

24 60018

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (F.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

39-1790717

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

10. Name and Address of New Registered Agent

SIGNATURE

Signatures typed or printed name of registered agent and if not applicable

(Print) Registered Agent signature and address (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME LOWENKRON, M L
STREET ADDRESS 7223 TROY LANE
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE AS
NAME SMITH, RANDY J
STREET ADDRESS 505 GRAND BLVD
CITY-ST-ZIP PARK RIDGE IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Treasurer ☐ Change ☒ Addition

12 NAME
13 STREET ADDRESS 7223 Troy Lane
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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)(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:

Randy J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 1996

Date

Daytime Phone

CR2E034 (12/95)