FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # H62614 COAST HELICOPTER, INCO	(-)		-	:		# #### ### ###########################	### ### ## #
Principal Place of Business 4831 STAR AVE PANAMA CITY FL 32404 US		Mailing Address 4831 STAR AVENUE PANAMA CITY FL 32404 US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 06/18/1985		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-2541157	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.				5. Certificate of Status Desired	· · ·	Additional Required
City & Stat	ty & State City & State		ate			Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 24	Country 25	29 Zip Co		у		This corporation owes or has paid the Personal Property Tax due June 30.	Yes	Intangible No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
	AYNES, ROBERT A		81	Name	•	1		
5721 FRANK HOUGH ROAD PANAMA CITY FL 32404			82	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
"	UNION CITT PL 32404		83	1		<u> </u>		
			84	City			85 Zir	p Code
							FL	·
office or r agent. I a	to the provisions of Sections 607,0502 registered agent, or both, in the State community with, and accept the obligations.	of Florida. Such change was a	authorized b	v the cor	d corpoi rporatio	riation submits this statement for the purpo in's board of directors. I hereby accept the	se of changing appointment a	its registered is registered
SIGNATURE	Signature, typod or printed name of registered agent	Land lite if applicable (NOT	FE Registered Ag	ent signatur	re required	d when reinstating) DA	NTE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P NAVANCO DODERTA	☐ DELE te	1.1 TrTLE		1		L. Change	Addition
NAME	HAYNES, ROBERT A		1.2 NAME					
STREET ADDRESS	5721 FRANK HOUGH ROAD PANAMA CITY FL 32404			T ADDRESS	ł			
CITY-ST-ZIP	ST	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP			☐ Change	Addition
NAME	HAYNES, SUSAN I		2.2 NAME				C Cripingo	
STREET ADDRESS	5721 FRANK HOUGH ROAD			T ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32404		2. 4 C/TY-		!			
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS	l			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>	·		-
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADORESS	ŀ	•		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY -: 5.1 TITLE	ST-ZIP	 	`	Change	Addition
NAME			5.1 MLE 5.2 NAME				Criange	ACCITION
STREET ADDRESS				T ADDRESS				II.
CITY-ST-ZIP			5.4 CITY-1					
TITLE		DELETE	6.1 TITLE	2 - EH.	†		Change	Addition
NAME		***	6.2 NAME			:	•	i
STREET ADDRESS				T ADDRESS				

hereby certify that the information supplied with this filing 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 on an attachment with an address.

FILED

Feb 24 1998 8:00am

Secretary of State