1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H62614**

1. Corporation Name

GULF COAST HELICOPTER, INCORPORATED											
Principal Place of Business Mailing Address							T COREMINA DAKO METAN BERMAN PERMETANDEN BERME	1	/I BIBIT EI	\$11 3 181) 1981	
4931 STAR AVE PANAMA CITY FL 32404 US 4931 STAR AVENUE PANAMA CITY FL 32404 US						DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 06/18/1985		,		
~2~ Principal Pl	ace of Business	2aMailing Address			- v. ±***.	-4:	FEI Number		~ Apr	lied For	
21 26							59-2541157		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.										dditional	
27						Э.	Certifcate of Status Desired	انم= مر <u> </u>	Fée Rec	uired	
City & State City & State						6.	Election Campaign Financing		5,00 N	-	
23		28				<u> </u>	Trust Fund Contribution		Added to	Fees	
Ζiρ	Country	Zip	Country	y		8.	This corporation owes the current ye	ar Intangibl Yi ∐		□No	
24	25	29 30	0]			10	Personal Property Tax. Name and Address of New Register				
	9. Name and Address of Curren	t Registered Agent	81	I Na	ame	10.	Traine and Address of New Yorkis.		·		
HAYNES, ROBERT A							NO Devaluation in Alexander N				
5721 FRANK HOUGH ROAD			82	82 Street Addr			P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32404			83								
			84	l ci	tv			85	Zip C	ode	
			1 - 1		•			PL i	'		
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 ager	A and file if continued (MOTE: D.	enietared Ann	unt sign	ature required	when r	reinstating) DA	TE			
12.		D DIRECTORS	13.	an sign	atore required		ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	HAYNES, ROBERT A		1.2 NAME		1		•			}	
STREET ADDRESS				S STREET ADDRESS							
City+ST-ZIP	PANAMA CITY FL 32404 1.40		1.4 CITY-S	1.4 CITY-ST-ZIP							
TITLE			2.1 TITLE						Change	Addition \	
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NAME			3.2 NAME							l	
STREET ADDRESS			3.3 STREE							1	
C/TY-ST-ZIP				. CITY-ST-ZIP				<u> </u>	Change	Addition	
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NAME			4. 2 NAME 4.3 STREE		oree						
STREET ADDRESS			4.4 CITY-S							1	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE						Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS	,		5.3 STREE	ET ADD	RESS					}	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	. }						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition	
NAME -			6.2 NAME		1						
STREET ANDRESS			6.3 STREE	CICA TE	RESS					ļ	

14. I 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8507694926

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90055 046 ***150.00