

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90094 010 ***150.00

DOCUMENT # H92471

1. Corporation Name
HELIPROPERTIES, INC.

Principal Place of Business

3015 CARRIER AVENUE
BLDG. 415A
SANFORD, FL 32773

Mailing Address

P.O. BOX 951899
LAKE MARY, FL 32795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-2541027 3207099

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 1510 E. 24th St.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23 Sanford, FL

28

Zip

24 32773

Country

25 USA

29

Zip

Country

30

9. Name and Address of Current Registered Agent

SCOTT JOHNSON
MAGUIRE, VOORHIS WELLS-Hollens Knight
260 ORANGE AVE 200 S. Orange Plaza
ORLANDO FL 32802 Ste 2000
Orlando, FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS UTTAL, ROBERT R.
CITY-ST-ZIP 1757 S. ATLANTIC BLVD.
NEW SMYRNA BCH. FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS SMITH, McDONALD
CITY-ST-ZIP P.O. BOX 621295 N/A
ORLANDO, FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS UTTAL, TODD T.
CITY-ST-ZIP 3720 LANDTREE PLACE
ORLANDO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS UTTAL, MURIEL K
CITY-ST-ZIP 1757 S ATLANTIC BLVD
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0521046