FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92477** (9)

1. Corporation Name
DOWNTOWN HELIPORT CORPORATION, INC.

200001550492
-08/01/95--01054--025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9589 BENFORD ROAD P.O. BOX 621148 ORLANDO FL 32827-5321	9589 BENFORD ROAD P.O. BOX 621148 ORLANDO FL 32827-5321

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2544627 ☐ 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

JEFFERY ARNOLD
ANDERSON & RUSH
322 E. CENTRAL BOULEVARD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: Scott Johnson
82 Street Address (P.O. Box Number is Not Acceptable): Maguire, Voorhis & Wells
83: Two South Orange Avenue
84 City: Orlando, FL 85 Zip Code: 32802

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] DATE: 2/6/95
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	UTTAL, ROBERT R.	12 NAME	
STREET ADDRESS	1757 S ATLANTIC BLVD	13 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BCH. FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	~~MOORE, T. J.~~	22 NAME	
STREET ADDRESS	~~1180 SPRING CENTRE S BL~~	23 STREET ADDRESS	
CITY ST ZIP	~~ALTAMONTE SPGS FL~~	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	UTTAL, MURIEL K.	32 NAME	
STREET ADDRESS	1757 S. ATLANTIC BLVD.	33 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BCH. FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RC

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] Date (407)240-3440 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert R. Uttal, President

0004028 CP