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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N30874 (4)

1. Corporation Name
HELICOPTER REUNION ALUMNI ASSOCIATION INC.

Principal Place of Business	Mailing Address
C/O ROGER T. DANIELS [redacted] JACKSONVILLE FL 32205	C/O ROGER T. DANIELS 5104 HOLLYCREST DR. JACKSONVILLE FL 32205-7019

3. Date Incorporated or Qualified: 02/27/1989	3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-2951555	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 c/o Earl E. Hoffay	26 c/o Earl E. Hoffay
Suite, Apt. #, etc. 22 938 Satsuma Circle	Suite, Apt. #, etc. 27 938 Satsuma Circle
City & State 23 Switzerland FL	City & State 28 Switzerland FL.
Zip / Country 24 32259 / 25	Zip / Country 29 32259 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANIELS, ROGER T. 5104 HOLLYCREST DR. JACKSONVILLE FL 32205	81 Name: Earl E. Hoffay 82 Street Address (P.O. Box Number Is Not Acceptable): 938 Satsuma Circle 83 84 City: Switzerland FL 85 Zip Code: 32259

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Earl E Hoffay 1/18/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOFFAY, EARL E.		1.2 NAME	HOFFAY, EARL E.	
STREET ADDRESS	1020 SUPERIOR STREET		1.3 STREET ADDRESS	938 Satsuma Circle	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Switzerland, Fl. 32259	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DANIELS, ROGER T.		2.2 NAME	BELLEMARE, DON	
STREET ADDRESS	5104 HOLLYCREST DR.		2.3 STREET ADDRESS	6001 Still Run Drive	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Greensboro, N.C. 27455	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	DANIELS, JANET		3.2 NAME	HOFFAY, Barbara	
STREET ADDRESS	5104 HOLLYCREST DR.		3.3 STREET ADDRESS	938 Satsuma Circle	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Switzerland, Fl. 32259	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SLAVIN, PAUL		4.2 NAME	DANIELS, ROGER T.	
STREET ADDRESS	P. P. BOX 73 N/A		4.3 STREET ADDRESS	P.O. Box 688	NA
CITY-ST-ZIP	SPRING BRANCH TX		4.4 CITY-ST-ZIP	Newport, TN. 37821	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Earl E Hoffay REQUIRED Earl E. Hoffay 1/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004645