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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90073 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P25955

1. Corporation Name

OMNIFLIGHT HELICOPTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4650 AIRPORT PARKWAY
DALLAS TX 75248
US

Mailing Address
4650 AIRPORT PARKWAY
DALLAS TX 75248
US

3. Date Incorporated or Qualified

09/06/1989

4. FEI Number

75-2192527

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

Suite, Apt. #, etc.

22

City & State

Addison Tx

23

Zip

75001

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

Addison Tx

28

Zip

75001

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

☐ DELETE

TITLE

D

NAME

PARKER, JOANN

STREET ADDRESS

4650 AIRPORT PKWY

CITY-ST-ZIP

DALLAS TX

TITLE

CEOD

NAME

ARMSTRONG, C.J., JR.

STREET ADDRESS

4650 AIRPORT PARKWAY

CITY-ST-ZIP

DALLAS TX

TITLE

CFOD

NAME

ROBINSON, WILBURN V

STREET ADDRESS

4650 AIRPORT PKWY

CITY-ST-ZIP

DALLAS TX

TITLE

S

NAME

SHRIEVES, JOHN

STREET ADDRESS

4650 AIRPORT PRKY

CITY-ST-ZIP

DALLAS TX

TITLE

EXEC VP/DIRECTOR

NAME

GAYLAN A. CROWELL

STREET ADDRESS

4650 Airport Prky

CITY-ST-ZIP

Addison Tx 75001

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 (11/98)