FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P93000017687 (3)

SOUTHERN HELICOPTER	H, INC.				
Principal Place of Business	Mailing Address				
RT.1. BOX 370 MCALPIN FL 32062	RT.1. BOX 370 MCALPIN FL 32062				

	MOREFIN TE SECOL							3. Date Incorporated or C	Jualified	3a. Date	of Last Report
								03/05/1993		1	04/25/1995
2.	Principal Place of Busine	ess		. Mai'ing Addres	SS	-		4. FEI Number 59-3171015			Applied For Not Applicable
21	Suite, Apt. #, etc.	- VA	26	Suite, Apt. #, 6	etc.			5. Certificate of Status De			\$8.75 Additional Fee Required
22	City & State		27	City & State				Election Campaign Fin Trust Fund Contribution			\$5.00 May Be Added to Fees
23	Zip	Country	29	Zip	30 Cou	intry		This corporation has li Florida Statutes		ntangible t	ax under s 199.032,
24	L	25 and Address of Cu	11	stared Anent		Γ		10. Name and Address	of New R	egistered	Agent
<u> </u>	g, Name	and Address of Co	itelit negi	stered Agent		81	Name				
	WHITE, TOMMY	E				82	Street Addr	ess (P.O. Box Number is Not	Acceptab	le)	
	RT.1, BOX 370 MCALPIN FL 32	1062				В3					
						84	City			FL	85 Zip Gode
				57 45 60 FL -1-1-	Ctat too the ob	اسل	Domad cours	ation submits this statement	for the pur	rpose of cl	nanging its registered office

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	mature, typical or printed harve of registerical agent in-		Registered Ages I signature required to 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND			Change Addition
TITLE	P	☐ DELETE	1. 1 TIILE	- ·
NAME	WHITE, TOMMY E		1.2 NAME	
STREET ADDRESS	RT 1 BOX 370		1 3 STREET ADDRESS	32062
CITY-ST-ZIP	MCALPIN FL		1.4 CITY - ST - ZIP	32062
TITLE		DELETE	2 1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3 1 TITUE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 C(1Y-ST-Z)P	Down D Addition
TITLE		☐ DEFELE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
			4.4 CITY - ST- ZIP	
CITY - ST - ZIP		DELETE	5 1 TITLE	Change Addition
		=	5.2 NAME	
NAME SERVER ASSERTES			5 3 STHEET ADDRESS	
STREET ADDRESS			5 4 CITY - ST - ZIP	
CITY - S1 - ZIP		☐ DELF1E	6.1 TILLE	Change Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			6 A CHTY - ST - 7IP	
CITY-SI-ZIP			1 1 de la	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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)(k). 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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 en an attachment with an address

SIGNATURE:

SIGNATURE AND TY ED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 904-362-4847

CR2E034 (12/95)