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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000017687 (3)**

1. Corporation Name
SOUTHERN HELICOPTER, INC.

Principal Place of Business
RT.1. BOX 370
MCALPIN FL 32062

Mailing Address
RT.1. BOX 370
MCALPIN FL 32062-9765

McAlpin 10791 184th Street

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 McAlpin, FL
City & State 23	City & State 28 32062
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **03/05/1993**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **59-3171015** 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
WHITE, TOMMY E
RT.1, BOX 370
MCALPIN FL 32062

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, TOMMY E	1.2 NAME	White, Tommy E.
STREET ADDRESS	RT 1 BOX 370	1.3 STREET ADDRESS	10791 184th Street
CITY-ST-ZIP	MCALPIN FL 32062	1.4 CITY-ST-ZIP	McAlpin FL 32062
TITLE	T ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, RONALD L	2.2 NAME	White, Ronald L.
STREET ADDRESS	RT 1 BOX 371	2.3 STREET ADDRESS	10723 184th Street
CITY-ST-ZIP	MCALPIN FL 32062	2.4 CITY-ST-ZIP	McAlpin, FL 32062
TITLE	V ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, FRANKLIN L	3.2 NAME	White, Franklin L.
STREET ADDRESS	RT 1 BOX 370	3.3 STREET ADDRESS	10791 184th Street
CITY-ST-ZIP	MCALPIN FL 32062	3.4 CITY-ST-ZIP	McAlpin, FL 32062
TITLE	S ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, JIOHN E	4.2 NAME	White, John E
STREET ADDRESS	5580 200 62ND TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL 32008	4.4 CITY-ST-ZIP	
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	

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

SIGNATURE: _____ 4/25/97

CR2E034 (9/96)