

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000017687 (3)**  
 1. Corporation Name  
**SOUTHERN HELICOPTER, INC.**



Principal Place of Business <b>RT.1, BOX 370 MCALPIN FL 32062</b>	Mailing Address <b>10791 184TH ST MCALPIN FL 32062 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/05/1993</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
21		22		23	
Suite, Apt. #, etc.		City & State		Zip	
24		25		26	
Country		City & State		Zip	
27		28		29	
Country		City & State		Zip	
30		31		32	
Country		City & State		Zip	

4. FEI Number <b>59-3171015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WHITE, TOMMY E</b> <b>RT.1, BOX 370 10791 184th Street</b> <b>MCALPIN FL 32062</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: Tommy E White DATE: 03-16-98

Signature, typed or printed 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, TOMMY E</b>	1.2 NAME	
STREET ADDRESS	<b>10791 184TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCALPIN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, RONALD L</b>	2.2 NAME	
STREET ADDRESS	<b>10723 184TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCALPIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, FRANKLIN L</b>	3.2 NAME	<b>White, Franklin L</b>
STREET ADDRESS	<b>10791 184TH ST</b>	3.3 STREET ADDRESS	<b>P.O. Box 750</b>
CITY-ST-ZIP	<b>MCALPIN FL</b>	3.4 CITY-ST-ZIP	<b>BRANFORD, FL 32008</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, JOHN E.</b>	4.2 NAME	<b>White, John E.</b>
STREET ADDRESS	<b>5580 262ND TERRACE</b>	4.3 STREET ADDRESS	<b>5580 262ND Ter.</b>
CITY-ST-ZIP	<b>BRANFORD FL</b>	4.4 CITY-ST-ZIP	<b>BRANFORD, FL 32008</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Tommy E White DATE: 03-16-98

CR2E034 (10/97)