

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071834 (3)

1. Corporation Name

HELICOPTER SERVICES OF ORLANDO, INC.



Principal Place of Business

1011 POND APPLE CT.
OVIEDO FL 32765

Mailing Address

1011 POND APPLE CT.
OVIEDO FL 32765

2. Principal Place of Business

21 5519 W. IRLO BRANSON Hwy.

2a. Mailing Address

26 5519 W. IRLO BRANSON Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KISSIMMEE, FL.

City & State

28 KISSIMMEE, FL.

Zip

24 34746

Country

Zip

29 34746

Country

9. Name and Address of Current Registered Agent

VIOLETTE, RICHARD T JR
1011 POND APPLE CT.
OVIEDO FL 32765

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

07/06/1995

4. FEI Number

59-3276411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 of principal officer or registered agent

Signature of Registered Agent (signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME VIOLETTE, RICHARD T. J
STREET ADDRESS 1011 POND APPLE COURT
CITY- ST- ZIP OVIEDO FL

TITLE VPS ☐ DELETE
NAME VIOLETTE, SHERRI A.
STREET ADDRESS 1011 POND APPLE COURT
CITY- ST- ZIP OVIEDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 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:

Richard T. Violette Jr.

RICHARD T. VIOLETTE JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (407) 397-0226.

DATE DAY/MONTH/YEAR

CR2E034 (12/95)