

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

051132

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90151 035 \*\*\*150.00

**DOCUMENT # P95000032000**

1. Corporation Name

**FIRE HAWK HELICOPTERS, INC.**



Principal Place of Business

Mailing Address

**8850 AIRPORT ROAD  
LEESBURG FL 34788**

**8850 AIRPORT ROAD  
LEESBURG FL 34788**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/20/1995**

4. FEI Number

**59-3313226**

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

2a Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

**PHILLIPS, R. PATRICK  
200 N. THORNTON AVENUE  
ORLANDO FL 32801**

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 ☐ DELETE

NAME **D BRAINERD, CHARLES M**

STREET ADDRESS **19643 DORR ROAD**

CITY-ST-ZIP **ALTOONA FL 32702**

TITLE ☐ DELETE

NAME **D BRAINERD, BARBARA E**

STREET ADDRESS **19643 DORR ROAD**

CITY-ST-ZIP **ALTOONA FL 32702**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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, with all other like empowered.

SIGNATURE: *Barbara E. Brainerd*

Barbara E. Brainerd, D 1/21/99 (352) 365-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)