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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000077208 (2)

SUN-AIR HELICOPTERS, INC.

Principal Place of Business 1796 NORTH PIONEER ROAD AVON PARK FL 33825 Mailing Address

1796 NORTH PIONEER ROAD AVON PARK FL 33825-2200

FILED Jul 14 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 3. 09/16/1996	3a. Date of Last Report
2. Principal Place of Bysiness 2 28. Mailing Address	ss A	0	4. FEI Number	Applied For
21 446 8. Hirport Kood 26 446 6	S. Airea	M Koac	1 59-3400881	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e	tc.	·	_ i	\$9.75 Additional
27			5. Certificate of Status Desired L	Fee Required
City & State City & State		,	6. Election Campaign Financing	\$5.00 May Be
23 LK Wales, Fl 28 LK Wal	es, F		Trust Fund Contribution	
Zip Zip Country Zip	Coul	ntry	8. This corporation has liability for inta	ngible tax under s. 199.032,
24 33853 25 USA 29 33853	ク 30 レ	LS H	Florida Statutes	es 🖪 No
9. Name and Address of Current Registered Agent			10. Name and Address of New Regis	tered Agent
HILL, EDDIE L 1796 NORTH PIONEER ROAD AVON PARK FL 33825		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		Greet Address (F.O. Box Harrison is 110) Acceptable)		
		83		
	-	0.0		
		84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida	Statutes, the ab	oove-named c	orporation submits this statement for the purp	lose 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.				
	300, Florida Stati	utes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NO1E: Registered	Agent signature re	quired when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE President U	TE 1.1 TIT	LF		Change Addition
NAME Eddie L. Hill Red	1.2 NA	ME		[;
STREET ADDRESS 1296 N. Pioneer Red	1.3 \$71	HEET ADDRESS		
CITY-ST-ZIP Avon Park, FL 33825		IY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER MATE STREET ADDRESS CITY-ST-ZIP WINTER MITTER MITTER DELE DELE				Change Addition
NAME BREGORE A. Waters	2.2 NA			
STREET ADDRESS 906 ROYAL Palm Circle		REET ADDRESS		
CHY-ST-ZIP Winter Haven, FC 33884		TY-S1-7IP		
TITLE DELE				Change Addition
NAME	3.2 NA			
STREET ADDRESS		REET ADDRESS		
CITY-ST-ZIP		1Y - S1 - ZIP		
TITLE DELE				Change Addition
NAME	4 2 NA			C Change C Madition
STREET ADDRESS		REFT ADDRESS		j
	1			
CITY-ST-ZIP TITLE DELE		Y-ST-ZIP		Change Addition
NAME	5.2 NAI	· ·		El change El Macrion
	1			
STREET ADDRESS	B	REET ADDRESS		
CITY-ST-ZIP TITLE DELF		Y-S1-2IP		Change Addition
				T Outside T Vanitari
NAME	6.2 NAI			
STREET ADDRESS		REET ADDRESS		
CITY-ST-ZIP 14 1 do hereby contify that the information supplied with this filling does not		Y-S1-ZIP	led in Section 119 07(3)(i) Florida Statutes I	further cartifu that the

14. I do hereby certify that the information supplied with this liling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is proport is true and accurate and that my signature shall have the same logal 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.

CICKATHOLADIA AMOLDA

7/0/00

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