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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000047838**1. Corporation Name

GULF COAST ROTORCRAFT, INC.

Principal Place of Business
4931 STAR AVENUE
4931 STAR AVENUE PANAMA CITY FL 32404

Mailing Address

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90055 045 ***150.00



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Zip Code

	4931 STAR AVENUE PANAMA CITY FL 32404	•	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			05/28/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number .	Applied For
21	6		59-3450340	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional —Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Cou	intry	This corporation owes the current year Interpretation Property Tax.	angible □Yes □No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HAYNES, ROBERT A JR 4931 STAR AVENUE	T	81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32404		83		

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

agent. i ai	n ramiliar with, and accept the oblige	and of the month of the street	Ciditation.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Rec	gistered Agent signature required	ad when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Change .	Addition	
NAME	HAYNES, ROBERT A JR		1.2 NAME		}	
STREET ADDRESS	5721 FRANK HOUGH RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY-ST-ZIP			
TITLE	ST	☐ OELETE	2.1 TITLE	☐ Change	Addition	
NAME	HAYNES, SUSAN I		22 NAME	•		
STREET ADDRESS	5721 FRANK HOUGH RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32404		2. 4 City-St-ZiP			
TITLE	-	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
πιε		☐ DELETE	4.1 TITLE	☐ Change	Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME	e de la companya de		5.2 NAME			
STREET ADDRESS		İ	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Change	Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	are at a the life and the life and the		6.4 CITY-ST-ZIP	Section 110 07(2)(i) Florida Statutes I further certify that the info		

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 an attachment with an address, with all other like empowered. residen

SIGNATURE: