## 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** 

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90099 008 \*\*\*150.00

DOCUMENT #	P98000099277

1. Corporation Name

VICTORY HELICOPTERS, INC.

Principal Place	e of Business	Mailing Address						
10785 ULMERTO	ON ROAD	10785 ULMERTON ROAD						
LARGO FL 33778 LARGO FL 33778					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IE IN THIS	SPACE	
					11/23/1998			
2 Principal Pl	lace of Business	2a. Mailing Address		<del></del>	4. FEI Number		App	plied For
21		26			X 59-3552799	)	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A	
City & State		City & State		**	6, Election Campaign Financing		\$5:00	May Bo
23	е	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta		
24	25	29 30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent		None	10. Name and Address of New R	registered A	Agent .	
JON	ASSEN, WILLIAM S		81	Name				
1078	5 ULMERTON ROAD		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
LARC	GO FL 33778		83					
			84	City		FL	85 Zip C	Code
office or t	enistered agent or both in the Stat	e of Florida. Such change was authi	orized by	the corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of t the appoir	changing its ntment as reg	registered gistered
office or t	enistered agent or both in the Stat	e of Florida. Such change was authogations of, Section 607.0505, Florida	orized by a Statutes.	the corporation	on's board of directors, I hereby accep	purpose of ot the appoint	changing its ntment as rec	registered gistered
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered a	e of Florida. Such change was authogations of, Section 607.0505, Florida	orized by a Statutes.	the corporation	on's board of directors, I hereby accep	DATE	D DIRECTO	RS IN 12
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CITY-ST-ZIP 14. 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

THOMAS J. WANICKAS

☐ Addition