

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

APPROVED
AND
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50 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S93597

(0)

1. Corporation Name:

COLONIAL HELICOPTERS, INC.

Principal Place of Business:

P O BOX 1589
LABELLE FL 33935

Mailing Address:

P O BOX 1589
LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		11/13/1991		03/22/1994	
22		2b. Mailing Address:		4. FEI Number		Applied For	
23		2b		65-0295264		Not Applicable	
24		2c. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		2c		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		2d. City & State		7. This corporation has liability for intangible tax under S. 194(1)(b) Florida Statutes.		☐ Yes ☐ No	
27		2d		8. This corporation has liability for intangible tax under S. 194(1)(b) Florida Statutes.		☐ Yes ☐ No	
28		2e. City & State		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		2e		9		10	
30		2f. City & State		9		10	
31		2f		9		10	
32		2g. City & State		9		10	
33		2g		9		10	
34		2h. City & State		9		10	
35		2h		9		10	
36		2i. City & State		9		10	
37		2i		9		10	
38		2j. City & State		9		10	
39		2j		9		10	
40		2k. City & State		9		10	
41		2k		9		10	
42		2l. City & State		9		10	
43		2l		9		10	
44		2m. City & State		9		10	
45		2m		9		10	
46		2n. City & State		9		10	
47		2n		9		10	
48		2o. City & State		9		10	
49		2o		9		10	
50		2p. City & State		9		10	
51		2p		9		10	
52		2q. City & State		9		10	
53		2q		9		10	
54		2r. City & State		9		10	
55		2r		9		10	
56		2s. City & State		9		10	
57		2s		9		10	
58		2t. City & State		9		10	
59		2t		9		10	
60		2u. City & State		9		10	
61		2u		9		10	
62		2v. City & State		9		10	
63		2v		9		10	
64		2w. City & State		9		10	
65		2w		9		10	
66		2x. City & State		9		10	
67		2x		9		10	
68		2y. City & State		9		10	
69		2y		9		10	
70		2z. City & State		9		10	
71		2z		9		10	
72		3. Name and Address of Current Registered Agent		3		4. Name and Address of New Registered Agent	
73		3		4		5. Name and Address of New Registered Agent	
74		3		4		5	
75		3		4		5	
76		3		4		5	
77		3		4		5	
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96		3		4		5	
97		3		4		5	
98		3		4		5	
99		3		4		5	
100		3		4		5	

SMITH, WILLIAM R.
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33919

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 Section 194, Laws and Constitution of 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 this appointment as registered agent. I am authorized with and accept the responsibility of acting as such. Florida Statutes.

SIGNATURE

12.

D
SMITH, MILDRED K.
17950 CYPRESS CREEK RD
ALVA FL

13.

1. NAME

2. STREET ADDRESS

3. CITY

4. NAME

5. STREET ADDRESS

6. CITY

7. NAME

8. STREET ADDRESS

9. CITY

10. NAME

11. STREET ADDRESS

12. CITY

13. NAME

14. STREET ADDRESS

15. CITY

16. NAME

17. STREET ADDRESS

18. CITY

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194(2)(a), Florida Statutes. I further certify that the information submitted 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. This type is specified on three for of the corporation on the request or further request to complete the request as required by Chapter 661, Florida Statutes, and that my name appears in Block 12 of Block 13 or is typed or on an attachment with an address.

SIGNATURE:

Mildred K. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

813-675-0537