FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)S93597 **COLONIAL HELICOPTERS, INC.** Principal Place of Business Mailing Address P O BOX 1589 P O BOX 1589 LABELLE FL 33935 LABELLE FL 33935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0295264 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or hat paid he current year Intangible Personal Property Tax due June 30. Yes 30 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMITH, WILLIAM R. 8191 COLLEGE PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 FORT MYERS FL 33919 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SMITH, MILDRED K. CR2E034 NAME 1.2 NAME 17950 CYPRESS CREEK RD STREET ADDRESS 1.3 STREET ADDRESS ALVA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Addition TITLE DELETE 6.1 TITLE ☐ Change NAME 6.2 NAME

14. Thereby 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 SIGNATURE: Milaral & Smith Mildred K. Smith Pres.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

941-675-0537