FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27990** **(3)**

1. Corporation Name

HELICOPTER TRAINING ACADEMY, INC.

Principal Place of Business	Mailing Address
2014 FOURTH ST SARASOTA FL 34237	2014 FOURTH ST SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3400 S. Tamiami Trail
Suite, Apt. #, etc.
22 301
City & State
23 Sarasota, FL
Zip 24 34239 Country 25 Sarasota

2a. Mailing Address
26 3400 S. Tamiami Trail
Suite, Apt. #, etc.
27 301
City & State
28 Sarasota, FL
Zip 29 34239 Country 30 Sarasota

4. FEI Number: 65-0326791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
2014 FOURTH ST
SARASOTA FL 34237

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail
33 Suite 301
34 City: Sarasota FL 35 Zip Code: 34239

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] PETER J JAENSCH 4/21/95
(Typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent's signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D, P ☒ Change ☐ Addition
NAME	SCHROEDER, ULRICH	12 NAME	SCHROEDER ULRICH
STREET ADDRESS	~~2841 SANCHO PANZA CT~~	13 STREET ADDRESS	1775 JAMAICA WAY
CITY ST ZIP	~~PUNTA GORDA FL~~	14 CITY ST ZIP	PUNTA GORDA FL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOLZHACKER, PETER	22 NAME	
STREET ADDRESS	2841 SANCHO PANZA CT	23 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] PRESIDENT 4/28/95 813/6377151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
ULRICH SCHROEDER

0343031 CP