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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V34035 (8)
1. Corporation Name
MAVERICK HELICOPTERS INTERNATIONAL, INC.



Principal Place of Business

1075 FLIGHTLINE BLVD.
DELAND FL 32724

Mailing Address

PO BOX 1155
DE LEON SPRINGS FL 32130-1155

2. Principal Place of Business

21 3530 E Amelia ST.

Suite, Apt. #, etc.

22 Orlando, FL

City & State

23 FL

Zip

24 32803

Country

25 Orange

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3134462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DARLING, BUDD C., SR.
2235 BROWNLEE ROAD
SEVILLE FL 32190

10. Name and Address of New Registered Agent

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P
NAME
DARLING, BUDD C II
STREET ADDRESS
431 ALHAMBRA AVE.
CITY-ST-ZIP
DELEON SPRINGS FL 32130

☐ DELETE

TITLE

VT
NAME
DARLING, BUDD C SR.
STREET ADDRESS
2235 BROWNLEE RD.
CITY-ST-ZIP
SEVILLE FL

☐ DELETE

TITLE

V
NAME
DARLING, C L
STREET ADDRESS
2235 BROWNLEE ROAD
CITY-ST-ZIP
SEVILLE FL 32190

☐ DELETE

TITLE

ST
NAME
DARLING, CARLA
STREET ADDRESS
431 ALHAMBRA ST
CITY-ST-ZIP
DELEON SPRINGS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Carla F. Darling Carla F. Darling 04/29/97 407 894-8777

CR2E034 (9/96)