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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**3530 E. AMELIA ST.
ORLANDO FL 32803
US**

Mailing Address
**PO BOX 1155
DE LEON SPRINGS FL 32130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1992

4. FEI Number

59-3134462

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **as above**

26 **as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

Same Agent

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 **Budd C. Darling Sr. V.P.**

Signature, typed or printed name of registered agent and title, if applicable

Budd C. Darling Sr.

(NOTE: Registered Agent signature required when resigning)

4-29-98

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **V** ☐ DELETE
NAME **DARLING, C. L.**
STREET ADDRESS **2235 BROWNLEE ROAD**
CITY-ST-ZIP **SEVILLE FL 32190**

TITLE **ST** ☐ DELETE
NAME **DARLING, CARLA**
STREET ADDRESS **431 ALHAMBRA ST**
CITY-ST-ZIP **DELEON SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **ALMEIDA, WALTER D.**
1.4 CITY-ST-ZIP **6131 ST. IVES BLVD.
ORLANDO, FL. 32819**

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 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: **Budd C. Darling V.P. C. L. DARLING** **4-29-98 (407-994-8777)**