

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 27 1996 8:00 am  
Secretary of State

DOCUMENT # 654105 (6)

1. Corporation Name

CHARLIE T'S, INC.

Principal Place of Business

10105 U.S. 1 SOUTH  
ST. AUGUSTINE FL 32086

Mailing Address

10105 U.S. 1 SOUTH  
ST. AUGUSTINE FL 32086



2. Principal Place of Business	2a. Mailing Address
21 10105 U.S. 1 S	26 10105 U.S. 1 S
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St Augustine FL	28 City & State St. Augustine, FL
24 Zip 32086	29 Zip 32086
25 Country St John	30 Country St John

3. Date Incorporated or Qualified 01/30/1980	3a. Date of Last Report 05/25/1995
4. FEI Number 59-1959286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TICE, CHARLES LEE  
10105 U S 1 SOUTH  
ST. AUGUSTINE FL 32086

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 in application

(NOTE: Registered Agent's signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, STEVE	12 NAME	
STREET ADDRESS	10105 US-1 SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	T and President <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, SUE	22 NAME	Add President
STREET ADDRESS	706 MICKLET	23 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	24 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, CHARLES	32 NAME	
STREET ADDRESS	108 CROOKED TREE TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, MARIA	42 NAME	
STREET ADDRESS	108 CROOKED TREE TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

Sue Tice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 904-794-0900  
Daytime Phone #

CR2E034 (12/95)