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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32086-8040



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24
TICE, CHARLES LEE
10105 U S 1 SOUTH
ST. AUGUSTINE FL 32088

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1980

3a. Date of Last Report

03/27/1996

4. FEI Number

59-1959286

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 s. 199.032,
Florida Statutes

Yes No

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, I, the named corporation, submit 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

By _____, whose printed name of registered agent, and the if applicable

(NOTE: Reg'l Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1E

ME

1EET ADDRESS

1E-ST-ZIP

2E

2IE

2 EET ADDRESS

2-ST-ZIP

3

3E

3 EET ADDRESS

3-ST-ZIP

4

4E

4 EET ADDRESS

4-ST-ZIP

5

5E

5 EET ADDRESS

5-ST-ZIP

6

6E

6 EET ADDRESS

6-ST-ZIP

7

7E

7 EET ADDRESS

7-ST-ZIP

8

8E

8 EET ADDRESS

8-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Tice

Date

Daytime Phone #

904-794-0900

0017563

CR2E034 (9/96)