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

[illegible] 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002706 (9)

1. Corporate Name
WHITNEY YACHT CHARTERS, INC.

Principal Office Address
4065 CROCKERS LAKE BOULEVARD - #2722
SARASOTA FL 34238

Mailing Address
4065 CROCKERS LAKE BOULEVARD - #2722
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 05/24/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 36-2877257
Applied For / Not Applicable

City, State, Zip
22
City, State, Zip
27

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

City, State, Zip
23
City, State, Zip
28

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

City 24 County 25 City 29 County 30

8. This corporation has taxable, or intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARKINSON, PHILIP D
4065 CROCKERS LAKE BLVD #2722
SARASOTA FL 34238

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 Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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: Registered Agent [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	PCS
NAME	PARKINSON, PHILIP D
STREET ADDRESS	4065 CROCKERS LAKE BLVD #2722
CITY, ST, ZIP	SARASOTA FL 34238
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	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report, if any, is 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 agent of the corporation upon whom this report is requested by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is attached with an address.

SIGNATURE: Philip D. Parkinson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (813) 927-0108
DATE TELEPHONE

0343388 CP