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May 02 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 # H12629 (2)

1. Corporation Name
WET DREAM CHARTERS, INC.



Principal Place of Business

Mailing Address

% EILENE BEARD
711 S PALAFOX ST.
PENSACOLA FL 32501

% EILENE BEARD
711 S PALAFOX ST.
PENSACOLA FL 32501-5935

3. Date Incorporated or Qualified 07/18/1984
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 711 S Palafox St
Suite, Apt. #, etc.

26 711 S Palafox St.
Suite, Apt. #, etc.

4. FEI Number 59-2433628
Applied For Not Applicable

22 City & State

27 City & State

23 Pensacola FL
Zip Country

28 Pensacola FL
Zip Country

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

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

24 32501 25 USA

29 32501 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEARD, EILENE
711 S PALAFOX ST.
PENSACOLA FL 32501

81 Name Address
82 Street Address (P.O. Box Number is Not Acceptable)
711 S Palafox St
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 N/A
Signature of person or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CO ☐ DELETE
NAME BEARD, EILENE
STREET ADDRESS 711 S. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL
TITLE CO ☐ DELETE
NAME GENE FERGUSON
STREET ADDRESS 711 S. PALAFOX ST
CITY-ST-ZIP PENSACOLA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Address
1.3 STREET ADDRESS 711 S. Palafox St.
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Address
2.3 STREET ADDRESS 711 S. Palafox St.
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 included 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: Eilene Beard Eilene Beard 4.25.97 904-433-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)