FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H12629

(2)

WET DREAM CHARTERS, INC.

FILED
May 04 1998 8:00am
Secretary of State

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850 432 431A

| Suite, Apt. City & Stat | TOX STREET WLAFOX 8T. FL 32501 Tace of Business W. oto | Mailing Address 711 S PALAPOX ST. 718 SOUTH PALAFOX ST. PENSACOLA FL 32501 US 24. Mailing Address 25 TII S PALAFOX ST. Suite, Apt. #, etc. 27 City & State 28 Zip Country | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1984 4. FEI Number 59-2433628 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees |
|---|---|--|--|---------------------|--|
| Zip 24 | 25 | 29 3 | _ ` | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curre | | 7 | | 10. Name and Address of New Registered Agent |
| BEARD, EILENE | | | 81 | Name | |
| 711 | • | | 82 83 | Street A | Address (P.O. Box Number is Not Acceptable) I S. PALAFD× ST. FL 85 Zip Code |
| 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 hyped or profest name of registered agent and title of applicable (NOTE Registered Agent signature required when refinishing) DATE DATE | | | | | |
| 12. | | ND DIRECTORS | 13. | THE BIGHT ALLOHOUSE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO BEARD, EILENE 711 PENSACOLA FL | , DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S | ì | TII S. PALAFOX ST 32501 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO GENE FERGUSON 711 PENSACOLA FL | ☐ DELETE | 2 1 TITLE 22 NAME 23 STREET 2.4 CITY-S | ADDRESS | 711 S. PALAFOX ST 32501 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S | · · · · · i | Change 1 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | erlify that the information expelled | DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S | T-ZIP | Change Addition |
| 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. | | | | | |