2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # H67360** 1. Entity Name CAPTAIN HANK HUNTS' CHARTER SERVICES, INC. 05-08-2000 90067 029 ***150.00 Principal Place of Business Mailing Address % HANK HUNT % HANK HUNT 714 FREDERICK STREET 714 FREDERICK STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405-3918 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2575564 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNT, HANK Street Address (P.O. Box Number is Not Acceptable) 714 FREDERICK ST. PANAMA CITY FL 32405 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition PTD ☐ Delete TITLE TITLE HUNT, HANK NAME STREET ADDRESS STREET ADDRESS 714 FREDERICK ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition VSD ☐ Delete TITLE TITLE NAME **HUNT, AUDREY** NAME STREET ADDRESS STREET ADDRESS 714 FREDERICK ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition _____Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Hunt 4/25

850-769-7575

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99)