

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J25512

(1)

1. Corporation Name

P.F.C. CHARTER, INC.

Principal Place of Business

~~% THOMAS P. MCLENNON~~
~~350 S. INDIANA AVENUE~~
~~ENGLEWOOD FL 34223~~

Mailing Address

% THOMAS P. MCLENNON
350 S. INDIANA AVENUE
ENGLEWOOD FL 34223



2. Principal Place of Business

21 346 ASHLAND AVE

Suite, Apt. #, etc.

22 RIVER FOREST

City & State

23 IL

Zip

24 60305

Country

2a. Mailing Address

26 1160 S. McCall Road

Suite, Apt. #, etc.

27 Suite B

City & State

28

Zip

29

Country

30

Charlotte

3. Date Incorporated or Qualified

07/22/1986

3a. Date of Last Report

04/28/1995

4. FEI Number

33-0446269

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

9. Name and Address of Current Registered Agent

MCLENNON, THOMAS P.

~~350 S. INDIANA AVENUE~~
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1160 S. McCall Road,

83

Suite B

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Thomas P. McLennon

Thomas P. McLennon, Registered Agent

1/25/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CIBULA, PATRICK
STREET ADDRESS 346 ASHLAND
CITY-ST-ZIP RIVER FOREST IL 60305 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

60305

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Patrick F. Cibula

PATRICK F. CIBULA

4/29/96

(708)366-0933

CR2E034 (12/95)