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

**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT # J32681**

1. Corporation Name

CHARTER HOLDING, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90220 029 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
4141 PINE FOREST RD.		4141 PINE FOREST RD.					
CANTONEMENT FL 32533		CANTONEMENT FL 32533			DO 1107 1410175 141 77 185		
					DO NOT WRITE IN THIS	SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>09/09/1986</li> </ol>		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		59-2878494	N.	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-5 Certificate of Status Desired	_\$8.75	Additional
22		27	7		-5. Certificate of Status Desired	Fee R	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Added	to Fees	
Zip Country		Zip Country			8. This corporation owes the current year In	tangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
J.; J.—.	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	RD, JOYCE		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	6 MERCER LANE		02	Sueer Add	i con you remine to not reconstruct		
PENS	SACOLA FL 32514		83	· · · · ·			
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he abov	e-named corp	poration submits this statement for the purpose of	changing it	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	nzea ov	tne corporati	ion's board of directors. I hereby accept the appo	intment as r	egistered
	m tamiliar with, and accept the obliga	Tions of, Section 607.0505, Florida	ÇIBIDIO3	•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regi	stered Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 1		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BEARD, JOYCE		1.2 NAME				
STREET ADDRESS	ACCOUNTEDOED I AND		1.3 STREE	TADORESS			- [
CITY-ST-ZIP	PENSACOLA FL	i	1.4 CITY-S				
TITLE	PS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	BEARD, JOYCE		2.2 NAME				
	10366 MERCER LANE	i		TADDRESS	÷ <del>*</del>		-
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CITY-ST-ZIP			3.1 TITLE	)1- ZIF		Change	Addition
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NAME			•	TADORESS			}
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City-St-ZiP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Change	Addition
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NAME		1		T 40000000			
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TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		•		1
STREET ADDRESS	ĺ	1	6.3 STREE	TADORESS			j

6.4 CITY-ST-ZIP 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, with all other like empowered.

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