

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90163 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J60678

1. Corporation Name

DUCHESS CHARTERS, INC.

Principal Place of Business

% CHARLES PAPROCKI  
116 LAIRD CIR  
PANAMA CITY BEACH FL 32408

Mailing Address

% CHARLES PAPROCKI  
116 LAIRD CIR  
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1987

4. FEI Number

59-2786204

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

PAPROCKI, CHARLES  
116 LAIRD CIR  
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name  
HAGLUND, MICHAEL  
82 Street Address (P.O. Box Number is Not Acceptable)  
8926 RIZZUTO ROAD  
83 PANAMA CITY, FL 32404  
84 City  
PANAMA CITY  
85 Zip Code  
FL 32404

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 607.0509, Florida Statutes.

SIGNATURE Michael Haglund DVP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 30, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME PAPROCKI, CHARLES  
STREET ADDRESS 116 LAIRD CIRCLE  
CITY-ST-ZIP PANAMA CITY BCH FL

☐ DELETE

TITLE DVP  
NAME HAGLUND, MICHAEL  
STREET ADDRESS 8923 RIZZUTO ROAD  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE ST  
NAME PAPROCKI, JOAN M  
STREET ADDRESS 116 LAIRD CIRCLE  
CITY-ST-ZIP PANAMA CITY BCH. FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8926 RIZZUTO ROAD

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 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.

SIGNATURE: Michael Haglund DVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999 (850) 236-0063

Date

Daytime Phone #

CR2E034 (11/98)