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 # **J96863** **(2)**

1. Corporation Name

GOLDEN GAFF CHARTER SERVICE, INC.

Principal Place of Business

% FRED E. TOLBERT
RAMADA BEACH RESORY. U.S. HWY 98 E.
FT WALTON BEACH FL 32549

Mailing Address

% FRED E. TOLBERT
RAMADA BEACH RESORY. U.S. HWY 98 E.
FT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: **10/09/1987**	3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-2856700**	☐ 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	

21	2. Principal Place of Business
22	Suite, Apt. #, etc.
23	City & State
24	Zip
25	Country
26	2a. Mailing Address: %Fred E. Tolbert
27	Suite, Apt. #, etc.: Ramada Plaza Beach Resort 1500 Miracle Strip Pkwy SE
28	City & State: Ft. Walton Beach, FL.
29	Zip: 32548
30	Country: USA

9. Name and Address of Current Registered Agent

TOLBERT, FRED E.
RAMADA BEACH RESORT, U.S. HWY 98 E.
FT WALTON BEACH FL 32549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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: _____ (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: TOLBERT, FRED E.		1.2 NAME	
STREET ADDRESS: 1500 MIRACLE STRIP PKWY SE		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE: ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: TOLBERT, PATRICIA H.		2.2 NAME	
STREET ADDRESS: 1500 MIRACLE STRIP PKWY SE		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. WALTON BEACH FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Fred Tolbert — 1/23/96 — 904-243-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #