FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # J96863 1. Corporation Name GOLDEN GAFF CHARTER SERVICE, INC.

FILED Jan 28 1998 8:00am Secretary of State

1. Corporatio	EN GAFF CHARTER SERVICE	E, INC.					
Principal Plac	e of Business	Mailing Address			* 1801110 0110 (8118 0110) 18119 01200 111		!! #!#!! !##!
% FRED E. TOLBERT % FRED E. TOLBERT					į		
			E STRIP PKWY SE				
FT WALTON	BEACH FL 32549	FT. WALTON BEACH FI	_ 32548			IN THIS SPACE	
		05			3. Date Incorporated or Qualified 10/09/1987		
	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			59-2856700	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	e	City & State		,	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has pa	id the current year Int	tangible
24	25	29	30		Personal Property Tax due June] No
•	Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	lbert, fred E. Mada Beach Resort, U.S. Hw	V no E		81 Name			
	WALTON BEACH FL 32549	1 90 E.		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	ole)	
				83			
				84 City		FL 85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with, and accept the obligations.	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	ites, the at authorized Iorida Stat	ove-named co i by the corpo utes.	orporation submits this statement for the p ration's board of directors. I hereby accep	surpose of changing it of the appointment as	ts registered registered
SIGNATURE		_					
	Stgnature, typed or printed name of registered agent	t and title if applicable. (NC	OTE, Registered		quired when reinstaling)	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NC	TE. Registered	Agent signature rea		DATE CERS AND DIRECTOR	RS IN 12
12.	OFFICERS AND	t and title if applicable. (NC	TE. Registered	Agent signature rea	quired when reinstaling)	DATE	
12.	OFFICERS AND P TOLBERT, FRED E.	and title if applicable. (NC DIRECTORS DELETE	TE. Registered	Agent signature rea	quired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
12.	OFFICERS AND TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I	Agent signature rea	quired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
12. TITLE NAME	OFFICERS AND TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL	t and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST	Agent signature real	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AND TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP	quired when reinstaling)	DATE CERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H.	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 III 1.2 NA 1.3 ST 1.4 CI	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST 1.4 C/I 2.1 T/I 2.2 NA	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H.	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST 1.4 C/I 2.1 T/I 2.2 NA 2.3 ST	Agent signature red LE ME REET ADDRESS Y-ST-ZIP LE ME	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST 1.4 C/I 2.1 T/I 2.2 NA 2.3 ST	Agent signature red LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E and title if applicable. (NC DIRECTORS DELETE	13. 1.1 T/I 1.2 NA 1.3 ST 1.4 C/I 2.1 T/I 2.2 NA 2.3 ST 2. 4 C/I	Agent signature red LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE LE LE LE LE LE LE LE L	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS TREET ADDRESS TREET ADDRESS	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E and title if applicable. (NC DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	Agent signature red LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE LE LE LE LE LE LE LE L	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E and title if applicable. (NC DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME ME ME	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E and title if applicable. (NC DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	quired when reinstaling)	DATE ERS AND DIRECTOR Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E AND UITE IT APPLICABLE. (NC DIRECTORS) DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME LE L	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E AND UITE IT APPLICABLE. (NC DIRECTORS) DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4. 2 NA	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME ME LE L	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E AND UITE IT APPLICABLE. (NC DIRECTORS) DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4. 2 NA 4.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E AND UITE IT APPLICABLE. (NC DIRECTORS) DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4. 2 NA 4.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E Land title if applicable. (NC DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE LE LE LE LE LE LE LE L	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E Land title if applicable. (NC DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CII 5.1 TII 5.2 NA	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E Land title if applicable. (NC DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E Land title if applicable. (NC DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST	Agent signature res LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	quired when reinstaling)	DATE ERS AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII 6.1 TII	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	quired when reinstaling)	DATE DERS AND DIRECTOR Change Change Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII 6.1 TII 6.2 NA	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME	quired when reinstaling)	DATE DERS AND DIRECTOR Change Change Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P TOLBERT, FRED E. 1500 MIRACLE STRIP PKWY S FT. WALTON BEACH FL ST TOLBERT, PATRICIA H. 1500 MIRACLE STRIP PKWY S	E DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.2 NA 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII 6.1 TII 6.2 NA 6.3 STI	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	quired when reinstaling)	DATE DERS AND DIRECTOR Change Change Change	Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DEN AND REQUIRED

1/18/98