**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 PM 6:19

DOCUMENT # **J98978** **(6)**

1. Corporation Name
**PRINCESS CHARTERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5487 SW ANHINGA AVENUE<br>3727 S.E. OCEAN BLVD., STE. 101<br>PALM CITY FL 34990-4036<br>US | 5487 SW ANHINGA AVENUE<br>3727 S.E. OCEAN BLVD., STE. 101<br>PALM CITY FL 34990-4036<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 5487 SW ANHINGA AVE | 2a. Mailing Address<br>26 5487 SW Anhinga Ave. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Palm City, FL. | City & State<br>28 Palm City, FL. |
| Zip / Country<br>24 34990-4036 / 25 USA | Zip / Country<br>29 34990-4036 / 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>10/15/1987 | 3a. Date of Last Report<br>06/27/1994 |
| 4. FEI Number<br>65-0091501 | ☐ Applied For<br>☐ 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

DOANE, DONALD D.
5487 SW ANHINGA AVNUE
~~STE 101~~
PALM CITY FL 34990

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 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 607.0505, Florida Statutes.

SIGNATURE Don D. Doane (Signature typed or printed name of registered agent and title if applicable) Donald D. Doane (Must be registered agent's signature when reinstating) 6/20/95 (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KELLER, LOUIS, JR. | 12 NAME | |
| STREET ADDRESS | 220 SANFORD AVE. | 13 STREET ADDRESS | |
| CITY ST ZIP | PALM BEACH FL | 14 CITY ST ZIP | |
| TITLE | PTD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DOANE, DONALD D. | 22 NAME | |
| STREET ADDRESS | 5487 ANHINGA DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | PALM CITY FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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.

**SIGNATURE:** Donald D. Doane Don D. Doane 6/20/95 407-285-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01783461 FI