FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25741** **(4)**

1. Corporation Name
I.F. CHARTER, INC.

Principal Place of Business	Mailing Address
P O BOX 60152 68 DOLPHIN DR ST PETE FL 33784 US	P O BOX 60152 68 DOLPHIN DR ST PETE FL 33784 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1989**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2982726** ☐ 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

9. **Name and Address of Current Registered Agent**

PAYNE, JEFFREY T.
7840 CAUSEWAY BLVD. S.,
ST. PETERSBURG FL 33707

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: [signature] JEFFREY T. PAYNE Sec & Treas 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, J. SCOTT	1.2 NAME	
STREET ADDRESS	14 BELLVUE DR.	1.3 STREET ADDRESS	8476 MEADOWBROOK DR.
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	LARGO, FL 34647
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JEFFREY T.	2.2 NAME	
STREET ADDRESS	7840 CAUSEWAY BLVD. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JOHN W.	3.2 NAME	
STREET ADDRESS	68 DOLPHIN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [signature] JEFFREY T. PAYNE Sec & Treas 4/13/95 813-526-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT 310

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