

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L35122 (5)

1. Corporation Name

FLAGSHIP CHARTERS, INC.



Principal Place of Business

Mailing Address

4902 SCHOONER OAK WAY
STUART FL 34997
US

4902 SCHOONER OAK WAY
STUART FL 34997
US

2. Principal Place of Business

2a. Mailing Address

21 1556 CYPRESS DR

26 1556 CYPRESS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 JUPITER

27 JUPITER

City & State

City & State

23 JUPITER FL

28 JUPITER FL

Zip

Country

Zip

Country

24 33469

25 FL. PALM BCH

29 33469

30 FL. PALM BCH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1989

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0163305

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. 193.032
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

MARTLAND, THOMAS C.
4902 SCHOONER OAK WAY
STUART FL 34997

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas C. Martland

(If the Registered Agent's signature is required, when it is required, sign.)

8/6/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

MARTLAND, THOMAS C.

STREET ADDRESS

4902 SCJPPMER OAK WAY

CITY-ST-ZIP

STUART FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas C. Martland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 407-575-6350

CR2E034 (3/96)