

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 27 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M78246 (9)

1. Corporation Name

GULF COAST AIRCRAFT CHARTER, INC.

Principal Place of Business

**3321 HENDERSON BLVD
TAMPA FL 33609
US**

Mailing Address

**PO BOX 418
TAMPA FL 33601
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1988

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2895269

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. 192.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 777 S. Harbour Island Blvd

2a. Mailing Address

Suite, Apt. #, etc.

Suite 270

22. City & State

Tampa, FL 33602

27. City & State

Tampa, FL 33602

23. Zip

33602

Country

FL

28. Zip

33602

Country

FL

9. Name and Address of Current Registered Agent

RUSH, PAMELA J.

3321 HENDERSON BLVD.

TAMPA FL 33609

777 S. Harbour Island Blvd.

Suite 270

Tampa, FL 33602

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PSD
BLACKBURN, WILLIAM B.
~~3321 HENDERSON BLVD.~~
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VPS
CHAMBERS, EVERETT
~~3321 HENDERSON BLVD.~~
TAMPA FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**777 S. Harbour Island Blvd.
Suite 270
Tampa, FL 33602**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Same as above

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(a), 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

William B. Blackburn

William B. Blackburn, President 3/1/95 813-223-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name