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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P11030

(4)

BARBARA JEAN CHARTER SERVICES, INC.

HUTCHINGS, JAMES L.

2660-C JEWETT LANE

SANFORD FL

STREET ADDRESS

STREET ADDRESS

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NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address 2660-C JEWETT LANE 2660-C JEWETT LANE SANFORD FL 32771-9194 SANFORD FL 32771-9194 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 38-2534300 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUTCHINGS, BARBARA JEAN 2660-C JEWETT LANE Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 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 (NOTL: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition PD 1.1 TITLE TITLE **HUTCHINGS, BARBARA JEAN** 1.2 NAME NAME 2660-C JEWETT LANE 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL City-St-7iP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE STD 2.1 TITLE LEWIS, BARBARA M 2.2 NAME NAME 2660-C JEWETT LANE 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition . 3.1 TITLE THIE

14. I hereby certify that the information supplied with this filing 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 roceiver 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.

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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5.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

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Mar 03 1998 8:00am

Secretary of State