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 AUG -3 AM 11:08

DOCUMENT # P93000023847 (5)

1. Corporation Name
DAY TRIPPER CHARTERS, INC.

Principal Place of Business
4955 TANGERINE AVE
WINTER PARK FL 32792
US

Mailing Address
4955 TANGERINE AVE
WINTER PARK FL 32792
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 945 MARTINIQUE DR
Suite, Apt. #, etc. 22
City & State 23 MERRITT ISLAND, FL
Zip 24 32953 Country 25 USA

2a. Mailing Address
26 945 MARTINIQUE DR
Suite, Apt. #, etc. 27
City & State 28 MERRITT ISLAND, FL
Zip 29 32953 Country 30 USA

4. FEI Number 59-3183788 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
COOKE, DELIA M
4359 PENINSULA POINT
SANFORD FL 32771

10. Name and Address of New Registered Agent
81 Name DELIA M. COOKE
82 Street Address (P.O. Box Number is Not Acceptable)
83 945 MARTINIQUE DR.
84 City MERRITT ISLAND FL 85 Zip Code 32953

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOKE, DELIA M
STREET ADDRESS	4988 TANGERINE AVE
CITY - ST - ZIP	WINTER PARK 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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☐ Addition
12 NAME	DELIA M. COOKE	
13 STREET ADDRESS	945 MARTINIQUE DR	
14 CITY - ST - ZIP	MERRITT ISLAND, FL 32953	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Delia M. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DELIA M. COOKE

Date 7-31-95 Daytime Phone # 407-452-5336

CR2E034 (3/95)

0133591 FP