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 MAY -1 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068101 (3)**

1. Corporate Name
SUNQUEST CHARTERS, INC.

Principal Place of Business
SHIPYARD ROAD
FREEPORT FL 32439

Mailing Address
SHIPYARD ROAD
FREEPORT FL 32439

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1993**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: **59-3227526** — Applied For / Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip
24
County
25
Zip
29
County
30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE
SUITE 12
SHALIMAR FL 32579

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 607.0505 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 of Registered Agent (Required if Registered Agent is a Corporation) — Signature of Registered Agent (Required if Registered Agent is an Individual) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MURRAY, GAIL	NAME	
STREET ADDRESS	P.O. BOX 49 N/A	STREET ADDRESS	
CITY ST ZIP	FREEPORT FL 32439	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MURRAY, JAMES	NAME	
STREET ADDRESS	P.O. BOX 49 N/A	STREET ADDRESS	
CITY ST ZIP	FREEPORT FL 32439	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 is attached with an address.

SIGNATURE: Gail W. Murray — Gail W. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95
Date

(904) 835-4125
Daytime Phone

0411083 FP