FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000046823 (8)

1. Corporation Name

DUBOSE CHARTERS, INCORPORATED

Principal Place of Business
4431 LAFAYETTE ST.
MARIANNA FL 32446

Mailing Address
4431 LAFAYETTE ST.
MARIANNA FL 32446

2. Principal Place of Business
21 BOX 18439
Suite, Apt #, etc.
22 PANAMA CITY BEACH
City & State
23 FL
Zip
24 32417
Country
25 BAY

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 06/17/1994

3a. Date of Last Report: 02/13/1995

4. FEI Number: 59-3260969 ☐ 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**

BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA FL 32446

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	DUBOSE, D. TERRY	
STREET ADDRESS	P.O. CALLER BOX 2875 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	VD	☐ DELETE
NAME	DUBOSE, KATHERINE A	
STREET ADDRESS	P.O. CALLER BOX 2875 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	(N/A)	
1.3 STREET ADDRESS	BOX 18439	
1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32417	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	(N/A)	
2.3 STREET ADDRESS	BOX 18439	
2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32417	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

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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 on an attachment with an address.

SIGNATURE: Jerry DuBose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ____ Daytime Phone # ____