

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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

Mailing Address

4431 LAFAYETTE ST.
MARIANNA FL 32446

4431 LAFAYETTE ST.
MARIANNA FL 32446



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 BOX 18439		26 BOX 18439		06/17/1994		02/13/1995	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
23 PANAMA CITY BEACH		28 PANAMA CITY BEACH		59-3260969		Not Applicable	
24 32417		25 BAY		5. Certificate of Status Desired		8.75 Additional Fee Required	
26 32417		27 BAY		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
28 32417		29 BAY		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, FRANK A 4431 LAFAYETTE ST. MARIANNA FL 32446				81 Name TERRY DUBOSE 82 Street Address (P.O. Box Number is Not Acceptable) 4321 JAN COOLEY DR 83 84 City PANAMA CITY BEACH FL 85 Zip Code 32408			

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

Terry Dubose

Signature, typed or printed name of registered agent, as required by law.

(NOTE: Registered Agent's signature required when re-registering.)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	DUBOSE, D. TERRY	1.2 NAME	TERRY DUBOSE
STREET ADDRESS	P.O. CALLER BOX 2875 N/A	1.3 STREET ADDRESS	PO BOX 18439 7107 FRONT BEACH RD
CITY - ST - ZIP	PANAMA CITY FL 32402	1.4 CITY - ST - ZIP	PANAMA CITY BEACH FL 32417
TITLE	VD	2.1 TITLE	KATHERINE DUBOSE
NAME	DUBOSE, KATHERINE A	2.2 NAME	BOX 18439 7107 FRONT BEACH RD
STREET ADDRESS	P.O. CALLER BOX 2875 N/A	2.3 STREET ADDRESS	PANAMA CITY BEACH FL
CITY - ST - ZIP	PANAMA CITY FL 32402	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Dubose

6-21-96

904 230 9800

Date

Daytime Phone

CR2E034 (3/96)