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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:18

DOCUMENT # **P94000052353 (7)**

1. Corporation Name
KATHY'S CHARTERS & TOURS, INC.

Principal Place of Business	Mailing Address
5198 COLCHESTER AVE. SPRING HILL FL 34608	5198 COLCHESTER AVE. SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4169 Lamson Ave.	26 5267 Palisade Dr.
Suite, Apt. #, etc. 22 Ste 111	Suite, Apt. #, etc. 27
City & State 23 Spring Hill, Fl.	City & State 28 Spring Hill, Fl.
Zip / Country 24 34608 / 25 Hernando	Zip / Country 29 34607 / 30 Hernando

4. FEI Number: 59-3266965 ☐ 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

LAROCCO, KATHERINE P
5198 COLCHESTER AVENUE
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5267 Palisade Dr.
83
84 City: Spring Hill FL 85 Zip Code: 34607

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LAROCCO, KATHERINE P	12 NAME	
STREET ADDRESS	5198 COLCHESTER AVE.	13 STREET ADDRESS	5267 Palisade Dr.
CITY-ST-ZIP	SPRING HILL FL 34608	14 CITY-ST-ZIP	Spring Hill, Fl. 34607
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	SKAGGS, PATRICIA	22 NAME	
STREET ADDRESS	5198 COLCHESTER AVE.	23 STREET ADDRESS	4169 Lamson Ave Ste. 111
CITY-ST-ZIP	SPRING HILL FL 34608	24 CITY-ST-ZIP	Spring Hill, Fl. 34608
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	FORGIT, JACKIE	32 NAME	
STREET ADDRESS	5198 COLCHESTER AVE.	33 STREET ADDRESS	4169 Lamson Ave Ste 111
CITY-ST-ZIP	SPRING HILL FL 34608	34 CITY-ST-ZIP	Spring Hill, Fl. 34608
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: Katherine P. LaRocco President 3/8/95 904 686-4733
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Title) (Date) (Daytime Phone #)