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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

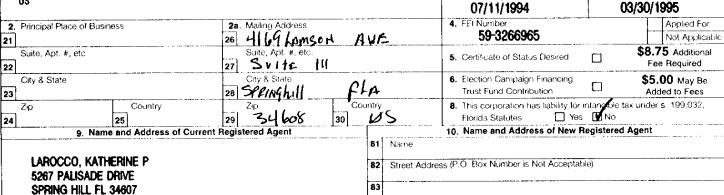
P94000052353 (7) **DOCUMENT #** Corporation Name

KATHY'S CHARTERS & TOURS, INC.

Principal Mace of Business
4169 LAMSON AVE. SUITE 111 SPRING HILL FL 34608
US

Mailing Address

5267 PALISADE DR. SPRING HILL FL 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 Fondal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

12. OFFICERS AND DIRECTORS		ORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 3 TOTAE	Change Addition
NAME	LAROCCO, KATHERINE P		1.2 NAMÉ	
STREET ADDRESS	5267 PALISADE DR.		13 STREET ADDRESS	
CITY-ST-ZIP	SRINGHILL FL		1.4 CITY ST-ZIP	
TITLE	VO	DELETE	2 1 THLE	Change 🔲 Addition
NAME	SKAGGS, PATRICIA		2.2 NAME	
STREET ADDRESS	4169 LAMSON AVE, SUITE 111		2 3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL		2.4 CITY - S1 - ZIP	
TITLE	STD	☐ DELFTE	3 1 fill E	Change Addition
NAME	FORGIT, JACKIE		3.2 NAME	
STREET ADDRESS	4169 LAMSON AVE, STE 111		3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL		3.4 CITY - ST - 7IP	
TITLE		[]] DELETE	4. 1 THILE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City - S1 - Zip			4 4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TILLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
City - St - ZiP			5.4 C·TY - \$1 - 7/P	
TITLE		☐ DELETE	6 1 T:!ILE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITV - S1 - ZIP	

14. I do hereby certify that the information supplied with this fring 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: STAND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

3. Date Incorporated or Qualified

3a. Date of Last Report

85

Zip Code

CR2E034 (12/95)