

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 21 1997 8:00am  
Secretary of State

DOCUMENT # P94000052353 (7)

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



Principal Place of Business

4169 LAMSON AVE.  
SUITE 111  
SPRING HILL FL 34608  
US

Mailing Address

4169 LAMSON AVE.  
SUITE 111  
SPRINGHILL FL 34608-3702  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

05/17/1996

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  
5267 PALISADE DRIVE  
SPRING HILL FL 34607

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

(Sign name, type or print name of registered agent and list, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD LAROCCO, KATHERINE P ☐ DELETE

12.2 STREET ADDRESS 5267 PALISADE DR.  
12.3 CITY-STATE-ZIP SPRINGHILL FL

12.4 NAME VD SKAGGS, PATRICIA ☐ DELETE

12.5 STREET ADDRESS 4169 LAMSON AVE, SUITE 111  
12.6 CITY-STATE-ZIP SPRING HILL FL

12.7 NAME STD FORGIT, JACKIE ☐ DELETE

12.8 STREET ADDRESS 4169 LAMSON AVE, STE 111  
12.9 CITY-STATE-ZIP SPRING HILL FL

12.10 NAME ☐ DELETE

12.11 NAME ☐ DELETE

12.12 NAME ☐ DELETE

12.13 NAME ☐ DELETE

12.14 NAME ☐ DELETE

12.15 NAME ☐ DELETE

12.16 NAME ☐ DELETE

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12.21 NAME ☐ DELETE

12.22 NAME ☐ DELETE

12.23 NAME ☐ DELETE

12.24 NAME ☐ DELETE

12.25 NAME ☐ DELETE

12.26 NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-STATE-ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-STATE-ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-STATE-ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY-STATE-ZIP ☐ Change ☐ Addition

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS ☐ Change ☐ Addition

13.24 CITY-STATE-ZIP ☐ Change ☐ Addition

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME ☐ Change ☐ Addition

13.27 STREET ADDRESS ☐ Change ☐ Addition

13.28 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)