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FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000057998 (4)

1. Corporation Name  
NAUTICAL THERAPY CHARTER SERVICES CORP.

Principal Place of Business

2002 N LOIS AVE  
STE 320  
TAMAP FL 33607-2366  
US

Mailing Address

1616 PENNY STREET  
STE 650  
TAMAP FL 33605-6058  
US



3. Date Incorporated or Qualified  
08/05/1994

3a. Date of Last Report  
04/19/1996

4. FEI Number  
59-3620865

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

2. Principal Place of Business

21 2002 N. Lois Ave  
Suite, Apt #, etc.

22 Suite 650

City & State

23 Tampa, FL

Zip

24 33607-2366

Country

25 United States

2a. Mailing Address

26 2002 N. Lois Ave.  
Suite, Apt #, etc.

27 Suite 650

City & State

28 Tampa, FL

Zip

29 33607-2366

Country

30 United States

9. Name and Address of Current Registered Agent

LANGFORD, E C ESQ.  
601 BAYSHORE BLVD.  
SUITE 800  
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LORTON, GEORGE H  
STREET ADDRESS 155 1ST STREET W  
CITY-ST-ZIP TIERRA VERDE FL  
☐ DELETE

TITLE STD  
NAME LORTON, CARL H  
STREET ADDRESS 36 ADALIA AVENUE S  
CITY-ST-ZIP TAMPA FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  
12 NAME Lorton, George H.  
13 STREET ADDRESS 7706 N. 01a Street  
14 CITY-ST-ZIP Tampa, FL 33604  
☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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

3/29/97

Daytime Phone #

CR2E034 (9/96)