

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000090662 (5)

1. Corporation Name  
CHARLACO, INC.



Principal Place of Business  
2227 SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119

Mailing Address  
2227 SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/15/1994

4. FEI Number  
59-3287696

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLA, PAUL M  
603 CHARLES STREET  
PORT ORANGE FL 32119

81 Name BILL EVE  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~2227 S. RIDGEWOOD AV~~  
83  
84 City SOUTH DAYTONA FL 85 Zip Code 32119

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 BILL EVE

1-11-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME CHARLA, PAUL M  
STREET ADDRESS 44 BLAINE DR.  
CITY-ST-ZIP PALM COAST FL 32137 ☒ DELETE

1.1 TITLE DPT  
1.2 NAME EVE, BILL  
1.3 STREET ADDRESS 2227 S. RIDGEWOOD AV  
1.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☒ Change ☐ Addition

TITLE DS  
NAME CHARLA, MICHAEL E  
STREET ADDRESS 2190 GRANADA AVE  
CITY-ST-ZIP SOUTH DAYTONA FL ☒ DELETE

2.1 TITLE DS  
2.2 NAME EVE, MELANIE  
2.3 STREET ADDRESS 2227 S. RIDGEWOOD AV  
2.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

BILL EVE 1-11-98 9017889473

CP2E034 (10/97)