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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P95000036287 (7)

**GULF COAST CHARTERS, INC.** 

Principal Place of Business	Mailing Address			III EFFEB KAKO DINIO IIDON IDINI RODI IDDA
8879 ALLYN WAY PENSACOLA FL 32504	6679 ALLYN WAY PENSACOLA FL 32504-7201			
			3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report 07/08/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3313025	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Zip</b> Country	Zip	Country	8. This corporation has liability for	
24 25		10		Yes No
9, Name and Address of Current F	legistered Agent		10. Name and Address of New R	egistered Agent
Faubert (Duvernet) , Sandra f		81 Name	elley, Elizabeth	
445 E. GOVERNMENT STREET		82 Street, Add	ress (P.C. Box Number Not Accepta	ble)
PENSACOLA FL 32501		اعام) ا	79 Hllyn Way	
		83	,	
		84 City <b>D</b>		85 Zip Code
	Control of the Contro	I re	nsacola	FL 85 Zip Code 32504
11. Pursuant to the provisions of Sections 607,0502 a office or registered agent, or both, in the State of	ind 607 1508, Florida Statutes Florida: Such change was au	s, the above-named corp thorized by the corporal	poration submits this statement for the fion's board of directors. I hereby acce	purpose of changing its registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	<b>^</b>	1101 100 %
SIGNATURE Elizabeth Relief	Olyabeth.	TSELLEY Bogstered Agent signstore requi	$\omega  ho$	ul 21,1997
12. OFFICERS AND C		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE DPST	DELE 1E	1.1 THLE		Change Addition
NAME KELLEY, SEAN		1.2 NAME		
STREET ADDRESS 6879 ALLYN WAY		1 3 STREET ADDRESS		li li
CITY-ST-ZIP PENSACOLA FL 32504		1.4 CD Y - S? - 7IP		
TITLE D	☐ DELETE	2 1 TITLE		Change Addition
NAME KELLEY, BERNARD F		2.2 NAME		·
STREET ADDRESS 6679 ALLYN WAY		2 3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL 32504	——————————————————————————————————————	2 4 CITY - S7 - 7IP	·	
TITLE D	L. DELETE	3 ) 117[[		Change Addition
NAME KELLEY, ELIZABETH		3 ? NAME		
STREET ADDRESS 6679 ALLYN WAY		3 3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL 32504	DELETE	3.4. C-1Y - S1 - ZIP		Charge L Addition
TITLE	FT DULLIE	4111111		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 G(TY+ST+Z)P 5.1 T(TE		Change Addition
NAME		5 2 NAME		C onenge C Addition
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 D/TY ST-ZIP		
TITLE	☐ DELETÉ	61111(1		Change Addition
NAME	<del></del>	2		
		6.2 NAME		

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 logal 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.

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