

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059549 (2)

1. Corporation Name

LUCKY FLEET CHARTERS, INC.



Principal Place of Business

614 GRINNELL ST
KEY WEST FL 33040

Mailing Address

614 GRINNELL ST
KEY WEST FL 33040

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KIRWIN, FRANCIS T
614 GRINNELL ST
KEY WEST FL 33040

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FEI Number

65-0624419

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

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 607.1505, 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 of the officer or director of the corporation

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME FRANCIS T. KIRWIN

STREET ADDRESS 614 GRINNELL ST

CITY-STATE-ZIP KEY WEST, FL 33040

2. TITLE ☐ DELETE

NAME PEGGY A. KIRWIN

STREET ADDRESS 614 GRINNELL ST

CITY-STATE-ZIP KEY WEST, FL 33040

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE: FRANCIS T. KIRWIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 305-292-9953
Date Date of Filing

CR2E034 (12/95)