

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NON-PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra L. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000073989**

1. Corporation Name

Gotta-Go Charters, Inc.

Principal Place of Business Mailing Address
6311 Palm Court
Panama City Beach, FL 32408

3. Date Incorporated or Qualified September 21, 1995 3a. Date of Last Report

2. Principal Place of Business 21 6311 Palm Court Suite, Apt. #, etc. 22 City & State 23 Panama City Beach FL Zip 24 32408	2a. Mailing Address 26 1002 Pocket Road Suite, Apt. #, etc. 27 City & State 28 Sugar Valley GA Zip 29 30746	4. FEI Number 5. Certificate of Status Desired XXX 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	3a. Date of Last Report XXX Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes XXX No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert L. Robinette
550 Lagoon Oaks Drive
Panama City Beach, FL 32407

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	Scott R. Nabors 456 Harrison Avenue Panama City FL 32401
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14. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 familiar with and accept the obligations of a registered agent under s. 617.0503, Florida Statutes.

SIGNATURE:  Scott R. Nabors 7-23-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	Jack L. Anderson	1.2 NAME	
STREET ADDRESS	1002 Pocket Road	1.3 STREET ADDRESS	
CITY - ST - ZIP	Sugar Valley, GA 30746	1.4 CITY - ST - ZIP	
TITLE	Secretary-Treasurer	2.1 TITLE	
NAME	Wilma Joan Anderson	2.2 NAME	
STREET ADDRESS	1002 Pocket Road	2.3 STREET ADDRESS	
CITY - ST - ZIP	Sugar Valley, GA 30746	2.4 CITY - ST - ZIP	
TITLE	Director	3.1 TITLE	
NAME	Jack L. Anderson	3.2 NAME	
STREET ADDRESS	1002 Pocket Road	3.3 STREET ADDRESS	
CITY - ST - ZIP	Sugar Valley, GA 30746	3.4 CITY - ST - ZIP	
TITLE	Director	4.1 TITLE	
NAME	Wilma Jean Anderson	4.2 NAME	
STREET ADDRESS	1002 Pocket Road	4.3 STREET ADDRESS	
CITY - ST - ZIP	Sugar Valley, GA 30746	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:  Jack L. Anderson, Sr. President

7-9-96

Date

Daytime Phone

CR2E037 (3/96)