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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006312 (8)

CHARTER BOAT RITA KAY, INC.

Principal Place of Business Mailing Address
319 SIEBERT AVE P. O. BOX 1033
DESTIN FL 32541 DESTIN FL 32540

FILED May 05 1998 8:00am Secretary of State



319 SIEBERT AVE DESTIN FL 32541		P. O. BOX 1033 DESTIN FL 32540					
					3. Date Incorporated or Qualified 01/22/1996	IS SPACE	
2. Principal P	Place of Business	2a. Mailing Addres	2a. Mailing Address		4. FEI Number	TA	pplied For
21		26	—		59-3354112	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apl. #, etc.				Additional	
22		27	27		5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	⊢ ' ' '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Country		ntry	8. This corporation owes or has paid the	current year In	tangible	
24 25 29 30			30				
	9, Name and Address of C	urrent Registered Agent			10. Name and Address of New Registers	d Agent	
	CGILL, ROBERT E III			81 Name			
743 HWY 98 EAST, SUITE #5 DESTIN FL 32541				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
				83			<u> </u>
	•			84 City	<u></u>	85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida	Statutes, the al	oove-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a		ts registered
office or r	registered agent, or both, in the am lamiliar with, and accept the	State of Florida, Such change	e was authorize	d by the corpora	ation's board of directors. I hereby accept the a	ppointment as	registered
•	an lamiliar with, and recept the	obligations of, section burlo	300, riorida Siai	utes.			
SIGNATURE	Signature, typed or printed name of register	and anent and title it ecole able	(NOTE: Registerer	1 Agent signature regu	uired when reinstating) DATE		
12.		S AND DIRECTORS	I 13.	a rigorit vigitation o visiço	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PD	☐ DEL		TLE	7.00.7.10107017111402010 01110271071	Change	Addition
NAME	GODWIN, HUBBERT	_	1.2 N			_ ,	
STREET ADDRESS	319 SIEBERY AVE.			REE1 ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541			1Y-\$1-ZIP			
TITLE	B D	☐ DELETE		TLE	0120		Addition
NAME	GODWIN, RITA		2.2 N/	ſ		☐ Change	
STREET ADDRESS	319 SIEBERT AVE.			REET ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541				\$ 1.5 to		
TITLE	9 8071111000011	□ DELI		ITY-SF-ZIP		Change	Addition
NAME	Į		32 N	ŀ			La radiion
STREET ADDRESS	}			REET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELI		ITY-\$1-ZIP		Change	Addition
NAME		ال ال	l,	- 1		☐ change	L Addition
			4.2 N	1			
STREET ADORESS				REET ADDRESS			
CITY-ST-ZIP		DEL		TY-ST-ZIP		Change	A state ==
TITLE	}		1	ſ		☐ Change	Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	ļ. 			TY-ST-ZIP			
TITLE	1		470	1			
		☐ DEL				☐ Change	Addition
NAME		☐ DELI	6.1 TO 6.2 N/			Change	POINDOA []
NAME STREET ADDRESS		☐ DEL(6.2 N/			☐ Change	AOIJIDDA 🔲

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.

ONATURE (2 to & God).

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