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PROFIT CORPORATION ANNUAL REPORT

1997

Procipal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014277 (3)

**ACTION CHARTER SERVICES, INC.** 

4210 N 12TH AVE 4210 N. 12TH AVE. PENSACOLA FL 32503 PENSACOLA FL 32503-2506 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996 2. Pancipat Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, 6lo Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s. 199.032. 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PFEIFFER. GEORGE F 4210 N. 12TH AVE. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 84 City Zip Code 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 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 fam flar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) reinty no corporation oc of registered agost and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition uli.  $\mathbf{N}^{\mathrm{M}}$ 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS. 1.4 DITY-ST-ZIP Cdy-St DELETE 2.1 TITLE Change Addition 1111 NAVe 2.2 NAME 2.3 STREET ADDRESS SHALL ADDRESS 2.4 CITY-ST-ZIP DOM: ST DELETE Change Addition 1 141 3 1 TITLE 3.2 NAME 11414 STREET ADDRESS: 3.3 STREET ADDRESS City St 3.4. CITY-ST-ZIP

14. do hereby coll by that the information supplied with this flying 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth; that I am am officer or director of the collection or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brook 12 or Blocy 13 or changed, or on an attachment with an address.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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May 19 1997 8:00am

Secretary of State