**PROFIT** CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000035906 (2) DOCUMENT #

Principal Place of Business Mailing Address 7301 S DIXIE HWY 7301 S DIXIE HWY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405

## **FILED** Jul 01 1998 8:00am Secretary of State

WILL'S CHARTER SERVICE, INC. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 04/25/1996 FEI Number 65-0699263 Principal Piace of Business Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SIMS, H BRYANT 7301 S DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33405** 83 City Zip Code 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 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE SIMS, H BRYANT NAME 1.2 NAME 7301 S DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE 4.1 TITLE \_\_\_ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS · · · · 6.4 CITY - ST - ZIP CITY-ST-7(P

Thereby 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 suppliemental 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 conoration or the receiver of twistee 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.

11.1~a. last