

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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # P96000047755 (9)

1. Corporation Name
CHARLOTTE STREET CORP.



Principal Place of Business

57 CHARLOTTE STREET
SUITE A
ST. AUGUSTINE FL 32084

Mailing Address

57 CHARLOTTE STREET
SUITE A
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 34 Treasury St.

Suite, Apt. #, etc.

22 City & State

23 St. Augustine FL

Zip

Country

24 32084

25 U.S.A.

2a. Mailing Address

26 34 Treasury St.

Suite, Apt. #, etc.

27 City & State

28 St. Augustine FL

Zip

Country

29 32084

30 U.S.A.

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

59-3380501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ST. CLAIR, ROBERT M
57 CHARLOTTE STREET
SUITE A
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Robert M. St. Clair (current)
82 Street Address (P.O. Box Number is Not Acceptable)
34 Treasury St.
83
84 City St. Augustine FL 85 Zip Code 32084

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 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 Robert M. St. Clair

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-98

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ST. CLAIR, ROBERT M
STREET ADDRESS 57 CHARLOTTE STREET SUITE A
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE VSD
NAME ST. CLAIR, CHANEL E
STREET ADDRESS 57 CHARLOTTE STREET SUITE A
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Robert M. St. Clair
1.3 STREET ADDRESS 34 Treasury St.
1.4 CITY-ST-ZIP St. Augustine FL 32084

2.1 TITLE VSD
2.2 NAME Chanel E. St. Clair
2.3 STREET ADDRESS 34 Treasury St.
2.4 CITY-ST-ZIP St. Augustine FL 32084

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Robert M. St. Clair

2-23-98

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