

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 960000900 55
1. Corporation Name

SEACOAST YACHT CHARTERS, INC.

Principal Place of Business 311 Anclote Road TARPON, SPRINGS, FL	Mailing Address 311 Anclote Road TARPON SPRINGS, FL 34689
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/1/96	3a. Date of Last Report 1st NOTICE WAS RET'D
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3415050	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mrs Betty S. Nutt
311 Anclote Road
Tarpon Springs, FL 34689

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/D John W. Burney 3048 Pinon Drive Holiday, FL 34691	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/S - D Betty S. Nutt 3048 Pinon Drive Holiday, FL 34691	1.2 NAME	
STREET ADDRESS	T/D John W. Hodoway II 7825 Leawood Blvd Little Rock, AR 72205-2523	1.3 STREET ADDRESS	
CITY-ST-ZIP	D James H. Ogle 332 Old Wire Road Atkins, AR 72823	1.4 CITY-ST-ZIP	
	D Gail Ann H Picatello 4377 Tahitian Gardens Circle Holiday, FL 34691	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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: *J. Hodoway II* (Treasurer/Director) 5/14/97 1-800-322-6070

CR2E034 (9/96)