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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097579 (2)

GOOD TIME CHARTERS, INC.

Principal Place of Business Mailing Address 2433 THOMAS DRIVE #200 2433 THOMAS DRIVE #200 PANAMA CITY BEACH FL 32408-5808 PANAMA CITY BEACH FL 32408 3. Date Incorporated or Qualified 3a. Date of Last Report 11/26/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3413527 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Bo 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yos X No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBINETTE, ROBERT L 2433 THOMAS DRIVE #200 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32408 83 84 City Zip Code 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the statutes. 11. Pursuant to the p office or egiste agent am fan 4-25-97 (NOT) Registered Agent signature required when reinstating) ed agen and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, DELETE Change Addition 1.1 11116 TITLE WALLER, LARRY 1.2 NAME NAME 1175 ZONOLITE ROAD STREET ADDRESS 1.8 STREET ADDRESS N.E. ATLANTA GA 30306 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 2.1 THLE ROBINETTE, L S NAME 2433 THOMAS DRIVE #200 28 STREET ADDRESS STREET ADORESS PANAMA CITY BEACH FL 32408 CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change ___ Addition TITLE 31 THTLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME

64 CITY-S1-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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 ghanged, gr on an attachment with an address.

4.3 STREET LADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

☐ DELETE

William Color December

4-5-97 904-234-96

Addition

Addition

Change

Change

FILED

May 12 1997 8:00am

Secretary of State