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**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102341 (0)

1. Corporation Name

PANACHE BOAT CONSORTIUM, INC.

Principal Place of Business

**60 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202**

Mailing Address

**50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202-3622**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/19/1996

3a. Date of Last Report

4. FEI Number

59-3421501

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAMILTON, LAWRENCE J III
50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HAMILTON, LAWRENCE J**
STREET ADDRESS **50 NORTH LAURA STREET, SUITE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ DELETE

NAME **MACKENZIE, DOMINIC C**
STREET ADDRESS **50 NORTH LAURA STREET, SUITE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ DELETE

NAME **ROBERTS, CHAD S**
STREET ADDRESS **50 NORTH LAURA STREET, SUITE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ DELETE

NAME **ALEXANDER, MARK G**
STREET ADDRESS **50 NORTH LAURA STREET, SUITE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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 registered 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 in an attachment with an address.

SIGNATURE

[Signature]

42.97

(904) 353-2000

CR2E034 (9/96)