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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000040120 (2)**
1. Corporation Name
J & B WHITEHALE CHARTERS, INC.

Principal Place of Business: **P.O. BOX 945 PORT ST. JOE FL 32457**
Mailing Address: **P.O. BOX 945 PORT ST. JOE FL 32457**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		26		3. 04/23/1997	
22		27		4. FEI Number	
23		28		59-3442122	
24		29		Applied For	
25		30		Not Applicable	
26		31		5. Certificate of Status Desired <input type="checkbox"/>	
27		32		\$8.75 Additional Fee Required	
28		33		6. Election Campaign Financing <input type="checkbox"/>	
29		34		\$5.00 May Be Added to Fees	
30		35		7. Trust Fund Contribution <input type="checkbox"/>	
31		36		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUSH, JANNA N 301 MONUMENT AVENUE PORT ST. JOE FL 32456				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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORAN, WILLIAM D	1.2 NAME	
STREET ADDRESS	P.O. BOX 945 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32457	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORAN, JANNA N	2.2 NAME	
STREET ADDRESS	P.O. BOX 945 N/A	2.3 STREET ADDRESS	BVST BUSH, JANNA N. PO BOX 945 N/A PORT ST JOE FL 32456
CITY-ST-ZIP	PORT ST. JOE FL 32457	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	700002552787--3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-06/09/98--01061--001
TITLE		4.1 TITLE	***150.00 ***150.00
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

CR2E034 (10/97)

[Handwritten signatures and notes]