## 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** 

P97000072959 (4) DOCUMENT #

CHARLES EXPORTING, INC.

**FILED** Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address OVO-DAVID A. KING, ATTORNEY O/O DAVID A. KING. ATTORNEY ORANGE PARK FL 00070 ORANGE PARK FL 02075 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business Applied For 59-3469337 5936 Wentworth Cir. N. 5936 Wentworth Cir. N. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville,  $\mathbf{FL}$ 28 Jacksonville, FL 23 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 32277 29 32277 30 USA ☐ Yes USA 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Ben Charles -1410 KINGSLEY AVE-Street Address (P.O. Box Number is Not Acceptable) 5936 Wentworth Circle -ORANGE PARK FL 02070 83 Jacksonville, 84 32277 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. OFFICERS AND DIRECTORS SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CHARLES, BEN 1.2 NAME NAME **5936 WENTWORTH CIRCLE NORTH** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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: X

CITY-ST-ZIE

Ben Charles 4/6/98 904-743-2741