PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90113 036 ***150.00

DOCUMENT # P98000087728

1. Corporation Name

WILLFUL CHILD CHARTERS, INC.

Principal Place of Business Mailing Address						- I INDIAGO NA IAIA IAIA IAIN AAN AAN AAN IIIN IAIN
370 GARDNER DR. N.E. 370 GARDNER DR. N.I						
FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548						
						DO NOT WRITE IN TH'S SPACE
						3. Date Ir corporated or Qualifed 10/12/1998
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FELNymber Applied For
21		26				S 9-3537/70 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Certificate of Status Desired Fee Recuired
City & S:at		City & State				6. Electio 1 Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip		Country			8. This corporation owes the current year Intangible
24	25	25 29 30				Personal Property Tax.
	t Registered Agent		10. Name and Address of New Registered Agent			
				81	Name	
BASS, JOHN H			82	Street Add	Idress (P.O. Box Number is Not Acceptable)	
370 GARDNER DR. N.E.			-	00017100		
FT. V	VALTON BEACH FL 32548		83			
			94 0%			85 Zip Code
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.050 gistered agent, or both, in the State m familiar with, and accept the obligation of the section of the	o: Florida. Such change wa tions of, Section 607.0505,	s authorize Florida Sta	tutes.	the corporati	rporation submits this statement for the purpose of changing its registered tion's board of cirectors. I hereby accept the appointment as registered
12		IE DIRECTORS	13		signature requi	ADDITIONS/CHANGES TO OFFICERS /ND DIRECTORS IN 12
12.	D	DELETE		TITLE		Change Addition
	BASS, JOHN H	_		1.2 NAME		
NAME	370 GARDNER DR. N.E.			1.3 STREET AL		
STREET ADDRESS	T WALTON DELCH EL COCAC					
CITY-ST-ZIP	TT. WALTON BEACHTE 32340	DELETE		CITY-ST	-219	☐ Change ☐ Addition
TITLE				2.1 TITLE 2.2 NAME		
NAME			1			
STREET ADDRESS	~				ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE						_ orange _ radiion
NAME				32 NAME		
STREET ADORESS				3.3 STREET ADDRESS		
CITY-ST-ZIP		D DELETE		3 4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE		4.1 TITLE		□ citatilde □ virgition
NAME			4.2 NAM		Ì	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CITY- S		r-ZIP	Charge Dalista
TITLE	· —		TITLE		Change Addition	
NAME				NAME		
STREET ADDRESS			1	-	ADDRESS	
CITY, ST. 7ID			540	CITY-\$1	T-ZIP	

14. I hereby certify that the information supplied with the 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 of the receiver of 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 for on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition