PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90020 022 ***150.00

DOCUMENT #	P98000095904
1. Comoration Name	1 0000000000

1. Cor

RUNNING WILD CHARTERS, INC.



Principal Flace of Business	Mailing Address			I I BANKERN HAR HANN INNI ABNIN BENN BENN BONN BENNA HANN HANN HAN 1991
O. BOX 374 P.O. BOX 374				
PANACEA FL 32346	PANACEA FL 32346			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				11/13/1998
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 101 CHIPOLA ST	26			59-3563768' No Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27			5. Certificate of Status Desired Fee Required
City & State	City & State			6. Election Campaign Financing S5.00 May Be
23 PRINACEA FL	28			Trust Fund Contribution Added to Fees
Zip Country	Zip	Country		8. This corporation owes the current year Intangible
24 32348 25 WAKUKLA	29	30		Personal Property Tax.
9. Name and Address of Curre	nr Registered Agent	-		10. Name and Address of New Registered Agent
THOUGH LADBY I		81	Name	e
TUCKER, LARRY J		82	Street	et Aridress (P.O. Bo). Number is Not Acceptable)
101 CHIPOLA ST. Panacea Fl 32346				
PANACEA PL 32340		83		
		84	City	85 Zip Code
			<u> </u>	FL FL FL FL FL FL FL FL
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	½ and 607.1508, Florida Statute ∈f Florida. Such change was זי	es, the above uthorized by	e-named the corp	ad corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes		
SIGNATUFE				re required when reinstating) DATE
Signature, typed or printed name of registered age 12. OFFICERS AN	ant and title if applicable (NOT E. N.I.) DIRECTORS	Registered Ager	it signature	re required when reinstating) ADDITRONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	- -	1,1 TITLE		PRES/DIR Change Addition
		1.2 NAME		1 1 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7
<i>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </i>		1	ADDRESS	ss
STREET ADDRESS CITY-ST-ZIP TITLE ANN TUCKER STREET ADDRESS 101 CH 1 POLA 3 T	- 32348 DIR	1.4 CITY-S		
TITLE O TANK	☐ DELETE	2.1 TITLE		Change Addition
NAME HAN TUCKER		2.2 NAME		SEC/TREAS/DIR. Change Addition
STREET ADDRESS 101 CHIPCLA ST	. در می ص	2.3 STREET	ADDRESS	us l
CITY-ST-ZIP PANACEA FL	32348 11 5100	2.4 CITY-5		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREE	TADORESS	e la company de la company
CITY-ST-ZIP		3.4. CITY- S	T-ZIP	
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRE 35		4.3 STREE	TADDRESS	is
CITY-ST-ZIP		44 CITY-S	T-ZIP	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDREGS		53 STREE		is
CITY-ST-ZIP	 <u>.</u>	5.4 CITY-S	T-ZIP	
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREE	FADDRESS	iS

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 film 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, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Jany

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICEF OR DIRECTOR

4-6-99 850-984-0101