

2-13-97 15-1806 C
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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S68834

(8)

1. Corporation Name

TORBERT BOAT CHARTERS, INC.

Principal Place of Business

1701 N ANHINGA LANE
HOMESTEAD FL 33005
US

Mailing Address

1701 N ANHINGA LANE
HOMESTEAD FL 33005-1001
US

3. Date Incorporated or Qualified
07/22/1991

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 17777 SW 285 STREET

2a. Mailing Address

26 17777 SW 285 STREET

4. FEI Number

65-0277214

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 HOMESTEAD FL

City & State

28 HOMESTEAD FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 33030-1869

25 USA

Zip

Country

29 33030-1869

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSON, CARL
48 NE 15 STREET
HOMESTEAD FL 33030

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME TORBERT, THOMAS M
STREET ADDRESS 1701 N. ANHINGA LANE
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME TORBERT, MICHELLE M.
STREET ADDRESS 1701 N. ANHINGA LANE
CITY-ST-ZIP HOMESTEAD FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-97 (305) 245-6484

CR2E034 (9/96)