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PROFIT CORPORATION ANNUAL REPORT



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

1996

S98560

(3)

1. Corporation Name TOUCH OF BLUE CHARTERS, INC. Principal Place of Business P.O. BOX 964 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043										
BIG PINE KI	et fl 33043	BIG PINE F	ET FL 3304	3		3. Date Incorporated (or Qualified	3a. Date	of/15/18)6/15/1 8	ecort 95
2. Principal Place	ce of Business	2a. Mailing Add	Iress			4. FEI Number 65-030688			1	Applied For
Suite, Apt. #	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		City & State	····			6. Election Campaign Trust Fund Contribu			\$5.0	D May Be
Zip Z ip	Country 25	28 Zip 29		Country 30		This corporation hat Florida Statutes		ntangible ta		199.032,
	9. Name and Address of Curre			30		10. Name and Addres			Agent	
MEVEO	ICCCOCY D			81	Name					
	, JEFFREY B. 5, BOX 8			82	Street Add	ress (P.O. Box Number is N	lot Acceptable	e)		,
MM 28.				83						
BIG PIN	IE KEY FL 33043				City				85 Zip	Code
		nda. Such change wa	s authorized	by the corp	named corpo ioration's boa	eration submits this statement and of directors. I hereby acc	nt for the purposept the appo	intment as	registered	agent. I am
SIGNATURE s	lgrature typed or protect name of registered aga	ort and title if applicable		by the corporate for the stered Agen	oration's boa	ard of directors. I hereby acc	cept the appo	DATE	, ,	
SIGNATURE s	lgrature typed or protect name of registered aga	nit and title if applicable	(NOTE	Flog stered Agen	oration's boa	ard of directors. I hereby acc	cept the appo	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE s 12.	ignature, typed or ported hanse of registered ago OFFICERS AF	ort and title if applicable	(NOTE	Rog stered Agen 13. 1.1 TIFLE	oration's boa	ard of directors. I hereby acc	cept the appo	DATE CERS AND	, ,	
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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:

SIGNATURE

SIGNATURE AND TYPED OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

R2E034 (12/05)