

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # V17816 (2)**

1. Corporation Name

SEA CHARTERS & YACHT DELIVERIES, INC.

Principal Place of Business

Mailing Address

21551 EDGEWATER DR.
PORT CHARLOTTE FL 3395221551 EDGEWATER DR.
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0317155

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 193.022,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, C. MICHAEL
2800 PLACIDA ROAD
SUITE 112
ENGLEWOOD FL 34224

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

(Not for Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
BARNOSKY, JOHN E.
21551 EDGEWATER DR.
PORT CHARLOTTE FL1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
BARNOSKY, JUDITH H.
21551 EDGEWATER DR.
PORT CHARLOTTE FL2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. But 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:

Judith H. Barnosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judith H. BARNOSKY

4/27/95

813-743-7517