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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V45369

(8)

| SOUTHERN PRIDE CHARTERS, INC. Principal Place of Business Mailing Address | | | | | |
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| Principal Place of Business Mailing Address | | | i idali Bijale debat mille sieen dit | | HAN BIAIN AIRIN HARI |
| 4922 DYER BLVD. WEST PALM BEACH FL 33407 | 4922 DYER BLVD. WEST PALM BEACH FL | 4922 DYER BLVD. WEST PALM BEACH FL 33407 | | | |
| | | | Date Incorporated or Qualified 06/19/1992 | 3a. Date of Las 05/01/ | |
| 2. Principal Place of Business | 2a. Mailing Address 26 | | 4, FEI Number | | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 59-2263786 | | Not Applicable |
| 2 | 27 | | 5. Certificate of Status Desired | 1 1 | .75 Additional ee Required |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | 1 1 | .00 May Be ded to Fees |
| Zip Country | Zip | Country | B. This corporation has liability for | | ors 199.032, |
| 4] [25] 9. Name and Address of | 29 Current Registered Agent | 30 | Florida Statutes Yes | No No | |
| | Other Hegieres rigeria | 81 Name | IV. Hame pile Accided of From | Hegisteren Agent | |
| BYERS, JOHN C. | | 82 Street Adde | ress (P.O. Box Number is Not Accepta | hla\ | |
| 4922 Dyer Blyd. | | | 055 (F.O. DON HOLLING TO HOLLINGSPIA | O16) | |
| WEST PALM BEACH FL 33407 | | 83 | | | |
| | | 84 City | | FL 85 | Zip Code |
| 11. Pursuant to the provisions of Sections 60 | 07.0502 and 607.1508, Florida Statute | as, the above named corpor | ration submits this statement for the pu | rnone of obeneine | its registered offic |
| or registered agent, or both, in the State familiar with, and accept the obligations of | Of Florida, Suich change was authorize | ad by the correction's boo | rd of directors. I hereby accept the app | pointment as registe | red agent. I am |
| SIGNATURE A 1 | 7. 1 | 101115 (| MIERS 1 | 11.23.40 | 1 |
| | and agry and the if apprecable (NOT | TE: Flegistered Agent agriature require | d when respitating) | DATE | <i></i> |
| Silvi ature, typer or printed harne of regree | | | | | |
| 12. OFFICE | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | ····· | |
| 12. OFFICE PD | | 1 1 ToTLE | | FICERS AND DIREC | |
| 12. OFFICE PD BYERS, JOHN C. | RS AND DIRECTORS | 1 1 Title 12 NAME | | ····· | |
| PD AME BYERS, JOHN C. THEEL ADDRESS 4922 DYER BLVD. | HS AND DIRECTORS | 1 1 TITLE 12 NAME 13 STREET ADDRESS | | ····· | |
| 12. OFFICE THE PD BYERS, JOHN C. 4922 DYER BLVD. WEST PALM BEACH FI | HS AND DIRECTORS | 1 1 Title 12 NAME | | ····· | ge Addition |
| 12. OFFICE ILLE PD BYERS, JOHN C. 4922 DYER BLVD. WEST PALM BEACH FI | HS A DIRECTORS DELETE | 1 1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Chan | ge Addition |
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