

4/29/98 B-5908
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 378760 (3)
1. Corporation Name
VACATIONER SHOPPE, INC.

Principal Place of Business 13226 FRONT BEACH RD PANAMA CITY FL 32407 US	Mailing Address 764 MARYWOOD DRIVE PANAMA CITY FL 32405 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 764 Marywood Dr Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Bay		3. Date Incorporated or Qualified 03/16/1971	
2. Principal Place of Business 21 764 Marywood Dr Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Bay		4. FEI Number 59-1349881 Applied For Not Applicable	
2. Principal Place of Business 21 764 Marywood Dr Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Bay		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 764 Marywood Dr Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Bay		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 764 Marywood Dr Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Bay		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BELL, SUSAN L. 764 MARYWOOD DRIVE PANAMA CITY BEACH FL 32405		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KENNETH E. 13226 FRONT BEACH RD PANAMA CITY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Bell, Kenneth E. 764 Marywood Dr Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BELL, SUSAN L. 13226 FRONT BEACH RD PANAMA CITY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PST Bell, Susan L. 764 Marywood Dr Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, SUSAN L. 13226 FRONT BEACH RD PANAMA CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Bell, Susan L. 764 Marywood Dr Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, MILDRED 13226 FRONT BEACH RD PANAMA CITY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Lawrence, Mildred 764 Marywood Dr Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

Susan L. Bell

4/29/98 850-709-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

004914

CP2E034 (10/97)