

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90176 014 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 378760

1. Corporation Name
VACATIONER SHOPPE, INC.

Principal Place of Business
764 MARYWOOD DR
PANAMA CITY FL 32405
US

Mailing Address
764 MARYWOOD DRIVE
PANAMA CITY FL 32405
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1971

4. FEI Number

59-1349881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4526 N. Lakewood Dr

Suite, Apt. #, etc.

22

City & State

23 Parker, FL

24 Zip 32404

25 Country Bay

2a. Mailing Address

26 4526 N. Lakewood Dr

Suite, Apt. #, etc.

27

City & State

28 Parker, FL

29 Zip 32404

30 Country Bay

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 4526 N. Lakewood Dr

84

City

Parker

FL

85 Zip Code

32404

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, KENNETH E.	1.2 NAME	4526 N. Lakewood Dr
STREET ADDRESS	764 MARYWOOD DR	1.3 STREET ADDRESS	Parker, FL 32404
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SUSAN L.	2.2 NAME	4526 N. Lakewood Dr
STREET ADDRESS	764 MARYWOOD DR	2.3 STREET ADDRESS	Parker, FL 32404
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SUSAN L.	3.2 NAME	4526 N. Lakewood Dr
STREET ADDRESS	764 MARYWOOD DR	3.3 STREET ADDRESS	Parker, FL 32404
CITY-ST-ZIP	PANAMA CITY FL 32805	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, MILDRED	4.2 NAME	4526 N. Lakewood Dr
STREET ADDRESS	764 MARYWOOD DR	4.3 STREET ADDRESS	Parker, FL 32404
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Susan L. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 850-784-1162

CR2E034 (1/1/98)

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