

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90128 050 \*\*\*150.00

DOCUMENT # 665213

1. Corporation Name

DESTINATIONS EVERYWHERE, INC.

Principal Place of Business

100 2ND AVE. NO. #130  
PO BOX 10220  
ST PETERSBURG FL 33733-7220

Mailing Address

100 2ND AVE. NO. #130  
PO BOX 10220  
ST PETERSBURG FL 33733-7220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1980

4. FEI Number  
59-1983166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 100 2nd Ave. N.

2a. Mailing Address

26 100 2nd Ave. N.

Suite, Apt. #, etc.

22 Suite 130

Suite, Apt. #, etc.

27 Suite 130

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

Zip Country

24 33701 25 USA

Zip Country

29 33701 30 USA

9. Name and Address of Current Registered Agent

ALLISON, THOMAS E., ESQ.  
1401 61ST ST. SOUTH  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name Tolton, William J., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
100 Second Ave. N., Suite 130

83

84 City St. Petersburg FL 85 Zip Code 33701

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

William J. Tolton, President

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE  
NAME ALLISON, THOMAS E  
STREET ADDRESS 100 2ND AVE. NO. #130  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE DP ☒ DELETE  
NAME ALLISON, CYNTHIA B  
STREET ADDRESS 100 2ND AVE. NO. #130  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE STD ☒ DELETE  
NAME FARRELL, DEBORAH P  
STREET ADDRESS 100 2ND AVE. NO. #130  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE DV ☒ DELETE  
NAME FARRELL, GEORGE P  
STREET ADDRESS 100 2ND AVE. NO. #130  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition  
1.2 NAME Tolton, Wm. Jere  
1.3 STREET ADDRESS 100 2nd Ave. N., #130  
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE V/T/D ☒ Change ☐ Addition  
2.2 NAME Williams, Jory D.  
2.3 STREET ADDRESS 100 2nd Ave. N., #130  
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Wm. J. Tolton REQUIRED

4/27/99

(727) 823-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0425580