

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2: 21

DOCUMENT # 764035 (2)

1. Corporation Name  
**SARASOTA CONVENTION AND VISTORS BUREAU, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% H. WILLIAM SCOVILL  
1605 MAIN STREET #912  
SARASOTA FL 34236**

3. Date Incorporated or Qualified **07/06/1982** 3a. Date of Last Report **02/22/1994**  
4. FEI Number **59-2189967** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SCOVILL, H. WILLIAM  
1605 MAIN STREET #912  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	<del>SULLIVAN, TOM</del>
STREET ADDRESS	<del>1000 BLVD. OF THE ARTS</del>
CITY - ST - ZIP	<del>SARASOTA FL</del>
TITLE	DT
NAME	<del>MOULTON, KATIE</del>
STREET ADDRESS	<del>1020 GULF OF MEXICO DR.</del>
CITY - ST - ZIP	<del>LONGBOAT KEY FL</del>
TITLE	D
NAME	MARTHALER, LARRY
STREET ADDRESS	655 N. TAMIAMI TRAIL
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	DVP
NAME	<del>MOLDAN, HOWARD</del>
STREET ADDRESS	<del>BUDGET RENTA CAR</del>
CITY - ST - ZIP	<del>SARASOTA FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard Moldan
1.3 STREET ADDRESS	Budget Rent a Car
1.4 CITY - ST - ZIP	Sarasota, FL
2.1 TITLE	Sec./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry Starr
2.3 STREET ADDRESS	Longboat Accommodations
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ray Wise
4.3 STREET ADDRESS	Sarasota/Bradenton Airport
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *L. J. Marthaler*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR  
**L. J. MARTHALER**

2-8-95 (813) 757-1877