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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90186 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000004495

1. Corporation Name

THE ISLANDS VISITOR CENTER COMPANY

NAME CHANGED: RESORT CONNECTIONS

Principal Place of Business

BAY PLAZA EXEC CTR
1290 N PALM AVE
SARASOTA FL 34236
US

Mailing Address

P.O. BOX 1030
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

65-0486774

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 1751 Mound St

22 Suite, Apt. #, etc.
22 Ste. 204C

23 City & State
23 SARASOTA

24 Zip Country
24 34236 USA

2a. Mailing Address

26 PO Box 1030

27 Suite, Apt. #, etc.

28 City & State
28 FL 34230

29 Zip Country
29 3. USA

9. Name and Address of Current Registered Agent

MCKENZIE, LINDA B
343 SO. WASHINGTON
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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/25/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME ROBERTSON, K D Pres.
STREET ADDRESS 921 SWEET JULI CT WAY
CITY-ST-ZIP GREENBORO NC 29050

TITLE S ☒ DELETE
NAME CAMPAIGNE, JACQUELINE
STREET ADDRESS 1200 N PALM AVE 689 Lands End Dr.
CITY-ST-ZIP SARASOTA FL 34236

TITLE VP ☐ DELETE
NAME MCKENZIE, LINDA V. Pres
STREET ADDRESS 343 S WASHINGTON DR Treas.
CITY-ST-ZIP SARASOTA FL 34236 34236

TITLE T ☐ DELETE
NAME CAMPAIGNE, JACQUELINE Secy.
STREET ADDRESS 689 LANDS END DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

941-388-4014

Daytime Phone #

CR2E034 (11/98)

0470422