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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J14099

(2)

1. Corporation Name
TALLY-HO TOURS & CRUISES, INC.



Principal Place of Business

**2149 W. NORVELL BRYANT HWY.
LECANTO FL 34461
US**

Mailing Address

**2149 W. NORVELL BRYANT HWY.
LECANTO FL 34461-9437
US**

3. Date Incorporated or Qualified
05/14/1986

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-2686916

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARBER, LINDA A
385 W MAFFET POINT
CITRUS SPRINGS FL 34434**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**6335 W. Settler
Beverly Hills**

84 City

FL

85 Zip Code
34465

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

TITLE **DP** ☒ DELETE
NAME **SKINNER, JEAN F.**
STREET ADDRESS **9918 EAST BASS AVENUE**
CITY- ST- ZIP **INVERNESS FL**

TITLE **VD** ☐ DELETE
NAME **ARBER, JAMES W**
STREET ADDRESS **385 W MAFFET POINT**
CITY- ST- ZIP **CITRUS SPRINGS FL**

TITLE **PD** ☐ DELETE
NAME **ARBER, LINDA A**
STREET ADDRESS **385 W MAFFET POINT**
CITY- ST- ZIP **CITRUS SPRINGS FL**

TITLE **SD** ☐ DELETE
NAME **SKINNER, JEAN F**
STREET ADDRESS **1038 S SUNFISH AVE**
CITY- ST- ZIP **INVERNESS FL**

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 **6335 W. Settler**
2.4 CITY- ST- ZIP **Beverly Hills, FL 34465**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6335 W. Settler**
3.4 CITY- ST- ZIP **Beverly Hills, FL 34465**

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 do 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: *Linda A. Arber* **Linda A. Arber**

4/30/97 **352-746-1946**
Date Daytime Phone

CR2E034 (9/96)