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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

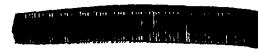
1. Corporation Name

Fernandina Cruise Lines, Inc.

P. O. Box 1736

FILED
Apr 26, 1999 8:00 am
Secretary of State
secretary or state

04-26-1999 90122 042 ***150.00



Brunswick, Ga. 31521						and the second s	
Principal Place of Business 🗥 Mailing Address					•		
1731 Regatta Dr Same Amelia Island, F1 32034							DO NOT WRITE IN THIS SPACE
							3. Date monporated of apparent
2 Principal Pi	ace of Business	1 2a. N	failing Address		-		11-22-88 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21 1731 Regatta Dr 26 Same							59-2922199 Not Applicable
Suite. Apt.			Suite, Apt. #, etc.				\$8.75 Additional
22		27	27 .				5. Certificate of Status Desired Fee Required Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23 Amelia Island, Fl			28				Trust Fund Contribution Added to Fees
Zip Country 24 32034 25 USA			ip		intry		8. This corporation owes the current year Intangible Personal Property Tax.
24 32030	9. Name and Address of Current	29 Registe	red Agent	30	,		Personal Property Tax. WYes LINO 10. Name and Address of New Registered Agent
	3. 118/110 0110 11401-030 07 00/11/11				81	Name	■ §
Во	ookout, James				82	Etropi Adv	dress (P.O. Box Number is Not Acceptable)
	18 S Bonita				82	Street Aut	aress (F.O. box Number is Not Acceptable)
		2401			83		
					84	City	I85 Zip Code
						·	FL
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 f Flonda.	.1508, Florida Statu . Such change was a	tes, the a	bove i by	e-named cou the comora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, S	ection 607.0505, Flo	orida Stat	ules.		
SIGNATURE	Signature "ypeg or printed name of registered agent		107				reg when reinstating) DATE
12.	OFFICERS AND			13.	Agen	(Signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
~E	P		DELETE		1.1 TITLE		☐ Change ☐ Acq.:
NAME	Bookout, James			1.2 NAME			
STREET ADDRESS				: 3 STREE		ADDRESS	
DITY-ST-ZIP	Panama City F1	32/	01	14 0171-31		r. <u>2</u> 1P	
TITLE	VDST		DELETE	2.1 1	2.1 TITLE		☐ Change ☐ Add::
NAME	Butler, Sam			22 N	AME	1	
STREET ADDRESS	1731 Regatta Dr			- 235	TREET	ADDRESS	•
CITY-ST-ZP	Ameila Island, Fl	32(34		πy.s	T-25P	Change Addu:
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STREET ADDRESS	\$ \			638	TREE	ADDRESS	

64 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:

CTY-ST-ZIP

PEO OR PRINTED NAME OF SIGNING OF FICER OR GRECTOR

Dayone Phone #