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FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90056 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K94869

1. Corporation Name
SHIP & SHORE TRAVEL, INC.

Principal Place of Business
% CHRISTIANSEN & DEHNER, P.A.
2975 BEE RIDGE RD., SUITE C
SARASOTA FL 34239

Mailing Address
% CHRISTIANSEN & DEHNER, P.A.
2975 BEE RIDGE RD., SUITE C
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1989

4. FEI Number

65-0131449

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 2338 LINWOOD DRIVE

2a. Mailing Address

26 C/O CHRISTIANSEN & DEHNER, P.A.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 63 SARASOTA CENTER BLVD SUITE 107

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34232

Country

25 US

Zip

29 34240

Country

30 US

9. Name and Address of Current Registered Agent

CHRISTIANSEN & DEHNER, P.A.
2975 BEERIDGE RD. SUITE C
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

CHRISTIANSEN & DEHNER, P.A.

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

63 SARASOTA CENTER BLVD SUITE 107

83

84 City
SARASOTA

FL

85 Zip Code
34240

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

Scott R. Christiansen V.P. SCOTT R. CHRISTIANSEN

3/19/99

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 PST
NAME MARTIN, ELDA L
STREET ADDRESS 2338 LINWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34232

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

SIGNATURE:

Elda L. Martin WIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

941 378-0303

Date

Daytime Phone #

CR2E034 (1/98)

0477428