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

PROFIT CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M92943

1. Corporation Name

RESORT RECREATION, INC.							
					1011 1011 1011 1011 1011 1011 1011 1011 1011		
	· 						
Principal Place of Business Mailing Address							
1021 BROOKSIDE DRIVE CLEARWATER FL 34624 1021 BROOKSIDE DRIVE CLEARWATER FL 34624					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
		•			08/05/1988		
2. Principal Place of Business 2a. Mailing Address				=	4. FEI Number	Ap	plied For
21		26			59-2932605		t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22				_	a Floring Commiss Financing	\$5.00	
City & State City & State			-	. *	6. Election Campaign Financing Trust Fund Contribution	Added t	
Zip	Country	— ⁻ ' —	Country	y	8. This corporation owes the current year	Intangible	□No
24	25	29 30			Personal Property Tax. 10. Name and Address of New Register		
9. Name and Address of Current Registered Agent 81 Name				Name	10. Name and Address of New Register	au Agent	
DAU	GHERTY, JAMES E.				(D.O. Cay Number is Not Assentable)		
1021 BROOKSIDE DRIVE CLEARWATER FL 34624			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			83				
	•		84	City		85 Zip (Code
44 5	4. the annihing of Continue 607 050	and SO7 1509 Elorida Statutos th	no abov	/a-named com	oration submits this statement for the purpose	of changing its	registered
office or n	registered agent, or both, in the State (ot Florida. Such change was author	izea by	/ une corporauc	on's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	5.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Regis	tered Ane	ent signature require	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	DPS		1.1 TITLE			☐ Change	☐ Addition
NAME	DAUGHERTY, JAMES E		1.2 NAME				1
STREET ADDRESS	1021 BROOKSIDE DRIVE	Į.	1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	i.	1.4 CITY-ST-ZIP				}
TITLE			2.1 TITLE	-		☐ Change	☐ Addition
NAME .			2.2 NAME				
STREET ADORESS			2.3 STREE	ET ADDRESS	,		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			☐ Change	☐ Addition
NAME .	32N		3.2 NAME		angue y passer o translationes for		
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE	-	•	☐ Change	Addition
NAME			4. 2 NAME	į			
STREET ADDRESS		4.3		TADORESS			
CITY-ST-ZIP	1000 0		4.4 CITY-5			Channe	Addition
TTLE			5.1 TITLE	1	•	☐ Change	☐ Addition
NAME	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		5.2 NAME	1	·		'
STREET ADDRESS	1.45			T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				T A delition
TITLE	1	☐ DELĒTĒ	6.1 TITLE			Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: S

NAME

STREET ADDRESS

727 443 7760

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 026 ***150.00