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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N48766 (2)

1. Corporation Name

SUNSHINE CRUISERS OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
316 MERCEDES AVE PANAMA CITY FL 32401 US	PO BOX 6224 PANAMA CITY FL 32404-0224 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-3154206 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIDD, MICHAEL D
316 MERCEDES AVE
PANAMA CITY FL 32401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President/Director	☐ Change XX Addition
NAME	BECK, ROBERT D	1.2 NAME	Dean, Ava	
STREET ADDRESS	1609 MAINE AVE	1.3 STREET ADDRESS	6833 Davis Road	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32404	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, ROLLINS W	2.2 NAME		
STREET ADDRESS	220 S JAN DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ROBERT L	3.2 NAME		
STREET ADDRESS	8612 KINGSWOOD ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BECK, BARBARA B	4.2 NAME		
STREET ADDRESS	1609 MAINE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, HELEN	5.2 NAME		
STREET ADDRESS	220 S JAN DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Beck Robert D Beck February 15, 1995 (904)265-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Area Code) Telephone #

0028488