

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified

05/06/1992

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 8612 Kingswood Road

26 P.O. Box 6224

4. FEI Number

59-3154206

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Southport, FL

28 Panama City, FL

Zip

Country

24 32409

25 Bay

Zip

Country

29 32404-0224

30 Bay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIDD, MICHAEL D
316 MERCEDES AVE
PANAMA CITY FL 32401

81 Name

ROBERT L. WRIGHT

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

8612 Kingswood Road

83

84 City

Southport

FL

85 Zip Code

32409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert L. Wright, Registered Agent

3-1-96

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECK, ROBERT D	
STREET ADDRESS	1609 MAINE AVE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	D /President	<input type="checkbox"/> DELETE
NAME	ATKINSON, ROLLINS W	
STREET ADDRESS	220 S JAN DRIVE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, ROBERT L	
STREET ADDRESS	8612 KINGSWOOD ROAD	
CITY - ST - ZIP	SOUTHPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECK, BARBARA B	
STREET ADDRESS	1609 MAINE AVE	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	D/Treasurer	<input type="checkbox"/> DELETE
NAME	ATKINSON, HELEN	
STREET ADDRESS	220 S JAN DRIVE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEAN, AVA	
STREET ADDRESS	6333 DAVIS ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HILL, MICHAEL	
1.3 STREET ADDRESS	1310 Evergreen Court	
1.4 CITY - ST - ZIP	Panama City, FL 32404	
2.1 TITLE	D/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ADKISON, ELAINE	
2.3 STREET ADDRESS	7404 Sale Blvd.	
2.4 CITY - ST - ZIP	Southport, FL 32409	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elaine Adkison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 904/769-3434

Date

Daytime Phone #

CR2E037 (12/95)