

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064594 (3)

1. Corporation Name

SALTY DOG TRAVEL, INC.



Principal Place of Business

4601 W KENNEDY BLVD
SUITE 104
TAMPA FL 33604
US

Mailing Address

603 S. ROMMERE RD.
TAMPA FL 33606

3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4601 W. Kennedy Blvd.

4. FEI Number
59-3201283

Applied For
Not Applicable

22 City & State

27 Suite, Apt. #, etc.
SUITE 104

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

28 City & State
TAMPA FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Country

25 Country

29 33604-2549

30 Country

HILLSBOROUGH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFRIES, C. COLE JR.

603 S. ROMMERE RD.

TAMPA FL 33606

81 Name

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

410 S. OREGON AVE.

83

84 City
TAMPA

FL

85 Zip Code
33606

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME JEFFRIES, C. COLE JR.

STREET ADDRESS 603 S. ROMMERE RD.

CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

410 S. OREGON AVE.
TAMPA, FL 33606-2134

TITLE D ☐ DELETE

NAME ED C. BEDORE

STREET ADDRESS 4851 GANDY BLVD #10 SUNSET DR

CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DEE M. BEDORE

STREET ADDRESS 4851 GANDY BLVD #10 SUNSET DR

CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. C. Jeffries Jr., Pres. & Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 813-288-8888

Date

Daytime Phone

CR2E034 (12/95)