

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90212 033 ***150.00

DOCUMENT # P93000064594

1. Corporation Name

SALTY DOG TRAVEL, INC.

Principal Place of Business

4601 W KENNEDY BLVD
SUITE 104
TAMPA FL 33604
US

Mailing Address

4601 W KENNEDY BLVD
SUITE 104
TAMPA FL 33608-549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

4. FEI Number

59-3201283

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

9. Name and Address of Current Registered Agent

JEFFRIES, C. COLE JR.
2920 W EL PRADO BLVD
SUITE 5
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name C. COLE JEFFRIES, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 2920 W. EL PRADO BLVD.
83 SUITE #5
84 City TAMPA FL 85 Zip Code 33609

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDS	JEFFRIES, C. COLE JR.	BAYSHORE WLK #5, 2920 EL PRADO BLVD	TAMPA FL	<input type="checkbox"/>
ED	ED C. BEDORE	4851 GANDY BLVD #10 SUNSET DR	TAMPA FL	<input checked="" type="checkbox"/>
DD	DEE M. BEDORE	4851 GANDY BLVD #10 SUNSET DR	TAMPA FL	<input checked="" type="checkbox"/>
P	POWELL, DENNIS L	2214 HARPER STREET	TAMPA FL 33605	<input checked="" type="checkbox"/>
S	STAILEY, DONALD F	2214 HARPER STREET	TAMPA FL 33605	<input checked="" type="checkbox"/>
TD	RUBIO, CYNTHIA S	410 S OREGON AVE	TAMPA FL 33606	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

C. COLE JEFFRIES, JR. PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 813-653-2500
Date Daytime Phone #

CR2E034 (11/98)