

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

AMENDED \$61.25
AR

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064594

1. Corporation Name

SALTY DOG TRAVEL, INC.

Principal Place of Business

Mailing Address

4601 W. KENNEDY BLVD.
SUITE #104
TAMPA, FL 33604
US

4601 W. KENNEDY BLVD.
SUITE #104
TAMPA, FL 33604
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS ☐ DELETE
NAME JEFFRIES, C. COLE JR.
STREET ADDRESS BAYSHORE WLK #5, 2920 EL PRADO
CITY-ST-ZIP TAMPA, FL BLVD.

1.1 TITLE PDST ☒ Change ☐ Addition
1.2 NAME JEFFRIES, C. COLE JR.
1.3 STREET ADDRESS BAYSHORE WLK. #5, 2920 EL PRADO
1.4 CITY-ST-ZIP TAMPA, FL BLVD.

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 60000294646--7
2.3 STREET ADDRESS -07/30/99--01118--011
2.4 CITY-ST-ZIP *****61.25 *****61.25

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 TD ☒ DELETE
NAME RUBIO, CYNTHIA S
STREET ADDRESS 410 S. OREGON AVE.
CITY-ST-ZIP TAMPA, FL 33606

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

SP

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. C. Jeffries, Jr. Pres./Sec.
C. COLE JEFFRIES, JR.

7/7/99

813-653-2500

CR2E034 (11/98)