

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

INCORPORATION
STATE OF FLORIDA

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
11/30/1993

DOCUMENT # P93000081810 (2)

CRUISE HOLIDAYS OF TALLAHASSEE, INC.

11/30/1993

11/30/1993

2522 CAPITAL CIRCLE NE
SUITE 11
TALLAHASSEE FL 32308

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SUITE 11
TALLAHASSEE FL 32308

3. Date of Incorporation	11/30/1993	3a. Date of First Report	03/10/1994
4. Filing Number	59-3201720	Applied For	Not Applicable
5. Certificate of Status Denial		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under S. 194(3)(b)			

2. Name of Corporation	2a. Address of Corporation
21. State of Incorporation	26. State of Incorporation
22. Date of Incorporation	27. Date of Incorporation
23. Date of First Report	28. Date of First Report
24. Date of Second Report	29. Date of Second Report
25. Date of Third Report	30. Date of Third Report

9. Name and Address of Current Registered Agent

SWARTZ, PHILIP D
2522 CAPITAL CIRCLE NE
SUITE 11
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (or Box Number, Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears in the records of the Department of Revenue, State of Florida, and that the same is a true and correct copy of the original of the same as the same appears in the records of the Department of Revenue, State of Florida.

SIGNATURE

Notary Public for the State of Florida

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D SWARTZ, PHILIP D 379 CASTLETON CIR TALLAHASSEE FL 32312	NAME	
NAME	D FRUIT, GAYLON E 3313 DARTMOOR DR TALLAHASSEE FL 32312	NAME	
NAME	D TUELL, KENNETH 3036 SHAMROCK S TALLAHASSEE FL 32308	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I, the undersigned, certify that the information supplied with this filing is true, correct, and complete, and that the same is a true and correct copy of the original of the same as the same appears in the records of the Department of Revenue, State of Florida, and that the same is a true and correct copy of the original of the same as the same appears in the records of the Department of Revenue, State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/15 9043867327