

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000021371 (7)

1. Corporation Name

VACATION YACHTS, INC.



Principal Place of Business

600 S BARRACKS ST
STE 201
PENSACOLA FL 32501
US

Mailing Address

600 S BARRACKS ST
STE 201
PENSACOLA FL 32501
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

05/16/1995

4. FEI Number

59-3237258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032

Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

REEVES, H L
1010 PALISADE ROAD
PENSACOLA FL 32504

81 Name

H. L. REEVES

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

12756 Yacht Club Circle

83

84 City

Ft. Myers

FL

85 Zip Code

33919

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

H. Lee Reeves
Signature by director or principal officer of the corporation

H. Lee Reeves
Signature by new registered agent

5/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	REEVES, H L	
STREET ADDRESS	7010 PALISADE RD	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	DS	☒ DELETE
NAME	FERRELL, D	
STREET ADDRESS	5255 SOUND SIDE DR	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(b), 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 registered agent 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:

H. Lee Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Lee Reeves-President 5/14/96 904 434-1515
DATE Telephone

CR2E034 (12/95)