# FILE NOW: FILING FEE AFTER MAY 1 is $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:08

DOCUMENT # **P94000064552 (0)**

1. Corporation Name
**EMERALD COAST TRAVEL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~4068 LONGWOOD CIRCLE~~ SEE BELOW<br>GULF BREEZE FL 32561 | ~~4068 LONGWOOD CIRCLE~~<br>GULF BREEZE FL 32561 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report: FIRST REPORT

2. Principal Place of Business
21: 3355 GULF BREEZE PKWY
Suite, Apt. #, etc.
22: SUITE N
City & State
23: GULF BREEZE FL
Zip
24: 32561
Country
25: USA SANTA ROSA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-3267858
☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEAVER, CAROL V
4068 LONGWOOD CIRCLE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Carol V. Weaver CAROL V. WEAVER 1-15-95
(Signature must be printed name of registered agent if name is changed or replaced) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D - PRES. | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WEAVER, CAROL V | 12 NAME | |
| STREET ADDRESS | 4068 LONGWOOD CIR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | 14 CITY-ST-ZIP | |
| TITLE | V.P. | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WEAVER, JOSEPH WALTER | 22 NAME | |
| STREET ADDRESS | 821 COUNTRY CLUB LANE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CORONADO, CA. 92118 | 24 CITY-ST-ZIP | |
| TITLE | SECY/TREAS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WEAVER, JOSEPH WILLIAM | 32 NAME | |
| STREET ADDRESS | 4068 LONGWOOD CIR | 33 STREET ADDRESS | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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.

SIGNATURE: Carol V. Weaver CAROL V. WEAVER 1-15-95 904-934-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000000 CP