

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082021 (4)

1. Corporation Name

DESTINATIONS FLORIDA MARKETING, INC.

Principal Place of Business

Mailing Address

**3823 TAMAMI TR E
#282
NAPLES FL 33962**

**3823 TAMAMI TR E
#282
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

4. FEI Number

65-0537877

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEGROOT, TED E
231 PALMETTO DUNES CIR
NAPLES FL 33962**

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when updating

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DEGROOT, TED E**
STREET ADDRESS **321 PALMETTO DUNES CIR**
CITY, ST, ZIP **NAPLES FL 33962**

TITLE **STD**
NAME **DEGROOT, PATRICIA A**
STREET ADDRESS **321 PALMETTO DUNES CIR**
CITY, ST, ZIP **NAPLES FL 33962**

TITLE **VD**
NAME **DEGROOT, DOUGLAS A**
STREET ADDRESS **222 AMHERST AVE**
CITY, ST, ZIP **SARASOTA FL**

TITLE **VD**
NAME **NALPAS, LOUISE**
STREET ADDRESS **222 AMHERST AVE**
CITY, ST, ZIP **SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

**2469 E. Scarlet OAK COURT
Sarasota FL 34232**

**2469 E. Scarlet Oak Court
Sarasota FL 34232**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Degroot April 26, 1995 813 774 4445