

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P95000005669 (3)

1. Corporation Name

FUN TIME TOURS OF WALTON COUNTY, INC.



Principal Place of Business

Mailing Address

ROUTE 3 BOX 56  
DEFUNIAK SPRINGS FL 32433

ROUTE 3 BOX 56  
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7911 State Hwy 83  
Suite, Apt. #, etc.

26 7911 State Hwy 83  
Suite, Apt. #, etc.

4. FEI Number

59-3108386

Applied For

Not Applicable

22 City & State

27 City & State

23 DeFuniak Springs, FL  
Zip Country

28 DeFuniak Springs, FL  
Zip Country

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

24 32433

25 W

29 32433

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, JOHN W  
ROUTE 3 BOX 56  
DEFUNIAK SPRINGS FL 32433

81 Name

John W Sims

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

7911 State Hwy 83

83

84 City

DeFuniak Springs

FL

85

Zip Code

32433

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

John W Sims (John W Sims)

4-26-96

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIMS, JOHN W  
ROUTE 3 BOX 56  
DEFUNIAK SPRINGS FL 32433

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D Sims John W  
7911 State Hwy 83  
DeFuniak Springs, FL 32433

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIMS, PEGGY H  
ROUTE 3 BOX 56  
DEFUNIAK SPRINGS FL 32433

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D Sims, Peggy H  
7911 State Hwy 83  
DeFuniak Springs, FL 32433

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

John W Sims (John W Sims)

4-26-96

904-859-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)