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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000005669 (3)

1. Corporation Name

FUN TIME TOURS OF WALTON COUNTY, INC.



Principal Place of Business

Mailing Address

7911 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433  
US

7911 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433-3916  
US

2. Principal Place of Business

21 11 9 Key Haven Road

Suite, Apt. #, etc.

22 City & State

23 DeFuniak Springs, FL

24 Zip 32433

Country  
25 Walton

2a. Mailing Address

26 119 Key Haven Road

Suite, Apt. #, etc.

27 City & State

28 DeFuniak Springs, FL

29 Zip 32433

Country  
30 Walton

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

04/28/1996

4. FEI Number

59-3108386

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

SIMS, JOHN W  
7911 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433

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

John W. Sims

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SIMS, JOHN W  
STREET ADDRESS 7911 STATE HWY 83  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D ☐ DELETE

NAME SIMS, PEGGY H  
STREET ADDRESS 7911 STATE HWY 83  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: John W. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Sims 4/8/97

(904) 859-2241

Daytime Phone #

CR2E034 (9/96)