

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

DOCUMENT # **P95000076971 (7)**

1. Corporation Name

SIDELINE TOURS INC.



Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
~~ORANGE PARK FL 32073~~

~~XXXXXXXXXX~~
~~ORANGE PARK FL 32073~~

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 **1207 Lake Point Place**

Suite, Apt. #, etc.

22 **-----**

City & State

23 **Orange Park, Florida**

Zip

24 **32073**

Country

25 **US**

2a. Mailing Address

26 **c/o David A. King, Atty.**

Suite, Apt. #, etc.

27 **1416 Kingsley Avenue**

City & State

28 **Orange Park, Florida**

Zip

29 **32073**

Country

30 **US**

4. FEI Number

59-3342890

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

~~KING, DAVID A. ESQ.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name
David A. King
82 Street Address (P.O. Box Number is Not Acceptable)
Attorney at Law
83
1416 Kingsley Avenue
84 City
Orange Park
85 Zip Code
FL 32073

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 607.0503, Florida Statutes.

SIGNATURE

David A. King

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SPINELLA, SUSAN
STREET ADDRESS
1207 LAKE POINT PLACE
CITY-ST-ZIP
ORANGE PARK FL 32073

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

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 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: *X Susan Spinella, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Spinella, President

2/5/96 (904) 278-9409

Date

Daytime Phone #

CR2E034 (12/95)