

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90003 036 \*\*\*550.00

DOCUMENT # P95000079540

1. Corporation Name

SEA DIP BEACH RESORT, INC.

Principal Place of Business

2101 JOHN ANDERSON DRIVE  
ORMOND BCH FL 32176  
US

Mailing Address

2101 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32174  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1995

4. FEI Number

59-3350021

Applied For

Not Applied

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

RAINEY, CHRISTA R  
128 E GRANADA BLVD  
ORMOND BEACH FL 32174

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RAINEY, CHRISTA R  
STREET ADDRESS 128 E GRANADA BLVD -  
CITY-ST-ZIP ORMOND BEACH FL 32174 -

TITLE D ☐ DELETE  
NAME RAINEY, JOHN A  
STREET ADDRESS 128 E GRANADA BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174

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 CHRISTA RAINEY ☒ Change ☐ Add  
1.2 NAME  
1.3 STREET ADDRESS 2101 JOHN ANDERSON DR.  
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

2.1 TITLE ☒ Change ☐ Add  
2.2 NAME  
2.3 STREET ADDRESS 2101 JOHN ANDERSON DR.  
2.4 CITY-ST-ZIP ORMOND BEACH FL 32176

3.1 TITLE ☐ Change ☐ Add  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/99

Date

904-441-4843

Daytime Phone #