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FILED

Apr 23 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 # P96000015430 (7)

1. Corporation Name

FUN TO SEA AMUSEMENTS, INC.



Principal Place of Business

Mailing Address

10619 N. WILSKY BOULEVARD  
TAMPA FL 33625-5015

10619 N. WILSKY BOULEVARD  
TAMPA FL 33625-5015

3. Date Incorporated or Qualified

02/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 10619 Summer Seasons

Suite, Apt. #, etc.

Place

22 City & State

23 Tampa, FL

24 Zip 33625

25 Country USA

2a. Mailing Address

26 10619 Summer Seasons

Suite, Apt. #, etc.

Place

27 City & State

28 Tampa, FL

29 Zip 33625

30 Country USA

4. FEI Number

59-3373708

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

HOLCOMB, VICTOR W  
HOLCOMB & DECORT, P.A.  
415 SOUTH HYDE PARK AVENUE  
TAMPA FL 33608

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JONES, WAYNE E  
211 S. DALE MABRY HIGHWAY  
TAMPA FL 33609

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JONES, TRUDY E  
211 S. DALE MABRY HIGHWAY  
TAMPA FL 33609

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

GOULD, VIRGINIA  
211 S. DALE MABRY HIGHWAY  
TAMPA FL 33609

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

DP

DVS

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Trudy Jones*

Trudy Jones 3/27/97

813-962-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)