


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

FILED  
Jun 25 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000042210 (0)</b>					
1. Corporation Name: <b>SIESTA TOURS SOUTH, INC.</b>					
Principal Place of Business <b>275 W CENTRAL AVE NEWBERRY FL 32669</b>			Mailing Address <b>P.O. BOX 80361 GAINESVILLE FL 32607-0361</b>		
2. Principal Place of Business: 21 <b>5522 NW 43rd Street</b> Suite, Apt. #, etc. 22 <b>Suite A</b> City & State 23 <b>Gainesville, Florida</b> Zip Country 24 <b>32653</b> 25 <b>Alachua</b>			2a. Mailing Address: 26 <b>Same as before.</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent <b>FOWLER, BETH 25255 WEST NEWBERRY ROAD NEWBERRY FL 32669</b>			10. Name and Address of New Registered Agent 81 Name <b>William S. Porter, II</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5522 NW 43rd Street, Suite A</b> 83 84 City <b>Gainesville,</b> 85 Zip Code <b>FL 32653</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 <i>William S. Porter, II</i> <b>William S. Porter, II, Registered Agent</b> 6/18/98 Signature typed or printed name of officer or director who signed this statement (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>PTSD</b> NAME <b>BAYER, MARION A.</b> STREET ADDRESS <b>1028 NW 38 ST.</b> CITY-ST-ZIP <b>GAINESVILLE FL</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/09/1996</b>	
4. FEI Number <b>58-2135903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE *Marion A. Bayer* **Marion A. Bayer** 6/2/98 352-371-4406

CR2E034 (10/97)