

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

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000077150 (6)

1. Corporation Name

THE TOURIST NETWORK, INC.

Principal Place of Business

P.O. BOX 9556
PANAMA CITY FL 32417

Mailing Address

P.O. BOX 9556
PANAMA CITY FL 32417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

APPLIED FOR

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

COLLEY, JUD
8317 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD
NAME COLLEY, JUD
STREET ADDRESS P.O. BOX 9556 N/A
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE STD
NAME DAVIS, TONI
STREET ADDRESS P.O. BOX 9556 N/A
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

600002567176--3
-06/12/98--01015--041

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

****450.00 ****150.00
600002567176--3
-06/22/98--01010--001
*****17.50 *****8.75

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

☐

Change ☐ Addition

☐

Change ☐ Addition

☐

Change ☐ Addition

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 in an attachment with an address.

CP2E034 (10/97)

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.) The Tourist Network, Inc.		3 Executor, trustee, "care of" name	
2 Trade name of business (If different from name on line 1)		5a Business address (If different from address on lines 4a and 4b) P.O. Box 9556	
4a Mailing address (street address) (room, apt., or suite no.) 8317 Grant Beach Rd, Suite 23		5b City, state, and ZIP code Panama City Beach, FL 32407	
4b City, state, and ZIP code Panama City Beach, FL 32407		6 City, state, and ZIP code Panama City Beach, FL 32407	
6 County and state where principal business is located Bay Florida		7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► #19-52-9355	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► Jud Colley			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN)			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> REMIC			
<input type="checkbox"/> State/local government			
<input type="checkbox"/> Other nonprofit organization (specify) ►			
<input checked="" type="checkbox"/> Other (specify) ► Corporation			
<input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Plan administrator-SSN			
<input type="checkbox"/> Other corporation (specify) ►			
<input type="checkbox"/> Trust			
<input type="checkbox"/> Federal Government/military			
<input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Church or church-controlled organization			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State Florida Foreign country			
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ►			
<input type="checkbox"/> Hired employees			
<input type="checkbox"/> Created a pension plan (specify type) ►			
<input type="checkbox"/> Banking purpose (specify) ►			
<input type="checkbox"/> Changed type of organization (specify) ►			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify) ►			
<input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) 1-1-97		11 Closing month of accounting year (See instructions.) DEC	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► NONE			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ►			
Nonagricultural 0 Agricultural 0 Household 0			
14 Principal activity (See instructions.) ► TU ADVERTISING			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Business telephone number (include area code) (850) 234-2773			
Fax telephone number (include area code) (850) 234-1179			
Name and title (Please type or print clearly.) ► JUD COLLEY			
Signature ► Date ► 7/24/98			

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying