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FILED

May 07 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 # P97000049873  
1. Corporation Name

Vacation Relaxation, Inc

Principal Place of Business

Mailing Address

17805 U.S. Highway 192  
Clearmont, FL 34711

17805 U.S. Highway 192  
Clearmont, FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JUNE 5, 1997

2. Principal Place of Business

2a. Mailing Address

21 17805 U.S. Highway 192

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearmont, FL

28 City & State

Zip

Country

Zip

Country

24 34711

25 U.S.

29

30

4. FEI Number

59-3451129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PAUL M CALDWELL  
17805 U.S. Highway 192  
Clearmont, FL 34711

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE President - Director ☐ DELETE

NAME RALPH ZEIGLER  
STREET ADDRESS 17805 U.S. Highway 192  
CITY-ST-ZIP Clearmont, FL 34711

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP - Director ☐ DELETE

NAME Joe H. Scott Sr.  
STREET ADDRESS 1065 Executive Parkway, Suite 300  
CITY-ST-ZIP St Louis, MO 63141

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE U.P. - Director ☐ DELETE

NAME Joe H. Scott Jr.  
STREET ADDRESS 1065 Executive Parkway, Suite 300  
CITY-ST-ZIP St Louis, MO 63141

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SEC-TREAS. ☐ DELETE

NAME George H. M. Clyde  
STREET ADDRESS 1065 Executive Parkway, Suite 300  
CITY-ST-ZIP St Louis, MO 63141

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 added to all changes with an address.

SIGNATURE: RALPH ZEIGLER, President

4-30-98 (352) 242-1100