


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90198 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000050938

1. Corporation Name
VIRGOS MERLOT TOURING, INC.



Principal Place of Business
1539 FERNANDO DR.
TALLAHASSEE FL 32303

Mailing Address
1539 FERNANDO DR.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2418 N. Monroe		2a. Mailing Address 26 2418 N. Monroe St		3. Date Incorporated or Qualified 06/04/1998	
Suite, Apt. #, etc. 22 #140		Suite, Apt. #, etc. 27 #140		4. FEI Number 59-3499122	
City & State 23 Tallahassee, FL		City & State 28 Tallahassee, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32303		Country 25 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.		Country 30 U.S.		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANSON, JEFF 1539 FERNANDO DR. TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is not Acceptable) 2418 N. Monroe St. #140	
83		84 City Tallahassee	
85 Zip Code 32303		86	

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		DATE	
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	DP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLTON, JOHN D	1.2 NAME	
STREET ADDRESS	P.O. BOX 20346 (NA)	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESTLA, BRETT A	2.2 NAME	
STREET ADDRESS	P.O. BOX 20346 (NA)	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDBETTER, TERRY W	3.2 NAME	
STREET ADDRESS	P.O. BOX 20346 (NA)	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, CHRISTOPHER E	4.2 NAME	
STREET ADDRESS	P.O. BOX 20346 (NA)	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCHANT, JASON T	5.2 NAME	
STREET ADDRESS	P.O. BOX 20346 (NA)	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4/30/99

850-383-1862

CR2E034 (1/98)