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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90072 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03923

1. Corporation Name
ANCHOR CRUISES, INC.

Principal Place of Business
**968 GLYNLEA RD
JACKSONVILLE FL 32216
US**

Mailing Address
**968 GLYNLEA RD
JACKSONVILLE FL 32216
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1990

4. FEI Number

59-3035204

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **968 Glynlea Rd**

Suite, Apt. #, etc.

27 City & State

28 **Jacksonville FL**

29 Zip

30 **Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNDRA L. VAN NICE
2675 BARNHILL DRIVE #64
JACKSONVILLE FL 32207**

81 Name **Sandra Van Nice**

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

83 **Jacksonville FL**

84 City **Jacksonville**

FL **85** Zip Code
32216

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 **DP** ☐ DELETE
NAME **VAN NICE, SANDRA L.**
STREET ADDRESS **5675 BARNHILL DR., #64**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVS** ☐ DELETE
NAME **VAN NICE, THOMAS J.**
STREET ADDRESS **5675 BARNHILL DR., #64**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE
NAME **VAN NICE, THOMAS J.**
STREET ADDRESS **5675 BARNHILL DR., #64**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☐ Addition
1.2 NAME **Van Nice Sandra L**
1.3 STREET ADDRESS **968 Glynlea Rd**

1.4 CITY-ST-ZIP
2.1 TITLE **DVS** ☐ Change ☐ Addition
2.2 NAME **Van Nice Thomas J**
2.3 STREET ADDRESS **968 Glynlea Rd**

2.4 CITY-ST-ZIP
3.1 TITLE **DT** ☐ Change ☐ Addition
3.2 NAME **Van Nice Thomas J**
3.3 STREET ADDRESS **968 Glynlea Rd**

3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 a l other like empowered.

SIGNATURE: **X Sandra L Van Nice**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 **904-724-0702**
Date Daytime Phone #

CR2E034 (11/98)