

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S84143** (4)

1. Corporation Name

HONEYMOON ISLAND DEVELOPMENT CO.



Principal Place of Business

Mailing Address

C/O AXEL R. JOHNSON
340 CAUSEWAY BLVD. S116
DUNEDIN FL 34698

C/O AXEL R. JOHNSON
340 CAUSEWAY BLVD. S116
DUNEDIN FL 34698

3. Date Incorporated or Qualified

09/30/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3099276

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

AXEL R. JOHNSON

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

340 CAUSEWAY BLVD. 116

83

DUNEDIN

84 City

FL

85 Zip Code

34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Axel R. Johnson

(NOTE: Registered Agent signature required when transferring)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JOHNSON, AXEL R.**
STREET ADDRESS **340 CAUSEWAY BLVD, S116**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **VP** ☒ DELETE
NAME **LARSON, ROGER A**
STREET ADDRESS **16120 U.S. 19TH NORTH STE 210**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP** ☐ DELETE
NAME **LARSON, Melinda K**
STREET ADDRESS **8500-174th Lane NW**
CITY-ST-ZIP **Bembridge, FL 34646**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Axel R. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Axel R. Johnson, President

4-9-96

Date

Daytime Phone #

813-734-0991

CR2E034 (12/95)