

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V14758

(9)

1. Corporation Name

VACATION DESTINATIONS, INC.

Principal Place of Business

4393 RIDGEWOOD AVENUE
SUITE 5
PORT ORANGE FL 32127
US

Mailing Address

4393 RIDGEWOOD AVENUE
SUITE 5
PORT ORANGE FL 32127-4532
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ZILL, DAVID A.
3959 S. NOVA RD.
SUITE 27
PORT ORANGE FL 32127

3. Date Incorporated or Qualified

02/12/1992

3a. Date of Last Report

05/01/1996

4. FFI Number

59-3107119

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

82 Street Address (P.O. Box Number is 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HERRON, JOHN J
STREET ADDRESS 304 SNEED ST
CITY-ST-ZIP GREEN FOREST AR

☒ DELETE

TITLE VP
NAME LAWRENCE, RICHARD
STREET ADDRESS 2941 PEMBRIDGE ST
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

TITLE TSD
NAME TENNANT, DONALD E
STREET ADDRESS 915 N. LAKEWOOD TERRACE
CITY-ST-ZIP PORT ORANGE FL 32127

☐ 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

1.1 TITLE DONALD E. TENNANT ☐ Change ☒ Addition
1.2 NAME 915 N. LAKEWOOD TERR.
1.3 STREET ADDRESS Port ORANGE, FL 32127
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 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, and on an attachment with an address.

SIGNATURE: Donald E. Tennant

6/29/96

915 N. LAKEWOOD TERR

FILED
97 JUL -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



②

June 27, 1997

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

As per my conversation with Suzanne in your office, I am sending this letter to inform you of the reason I did not get the renewal fee in by the due date.

On January 12, 1997, Donald Tennant, Secretary, Treasurer, and Director of Vacation Destinations, Inc. suffered a severe heart attack, which he needs a triple bypass, but cannot have the operation due to also having 3 strokes, one of which was very severe.

Due to these circumstances, I was unable to get the renewal in the mail on time.

If you need any doctor verification for the above, please do not hesitate to call me and I will forward that information to you.

Sincerely,

Carole Tennant
Carole Tennant
Vacation Destinations

CT/rh