

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

FILED

Mar 06 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V60479** (5)
1. Corporation Name
WHOLESAIL CRUISES AND TOURS, INC.



Principal Place of Business
**5240 BANK STREET
SUITE 11
FT. MYERS FL 33907**

Mailing Address
**5240 BANK STREET
SUITE 11
FT. MYERS FL 33907-2110**

3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **04/02/1996**

4. FEI Number **65-0359477** 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

2. Principal Place of Business
21 **2843 47th St.**

2a. Mailing Address
26 **2843 47th St.**

22 **Sarasota, FL**

27 **Sarasota, FL**

23 **34234 USA**

28 **34234 USA**

24 **34234 USA**

29 **34234 USA**

9. Name and Address of Current Registered Agent

**HYSELL RICHARD W.
5240 BANK STREET
SUITE 11
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name **HYSELL, Richard W.**
82 Street Address (P.O. Box Number is Not Acceptable) **2843 47th St.**
83 **Sarasota, FL**
84 City **Sarasota** 85 Zip Code **34234**

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	PS	<input type="checkbox"/> DELETE
NAME	HYSELL, RICHARD W	
STREET ADDRESS	5240 BANK STREET., SUITE 11	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HYSELL, PATRICIA E	
STREET ADDRESS	5240 BANK STREET., SUITE 11	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HYSELL, Richard W.	
1.3 STREET ADDRESS	2843 47th St.	
1.4 CITY - ST - ZIP	Sarasota, FL 34234	
2.1 TITLE	V.P., Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HYSELL, Patricia E.	
2.3 STREET ADDRESS	2843 47th St.	
2.4 CITY - ST - ZIP	Sarasota, FL 34234	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE:

HYSELL, RICHARD W.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97
Date
941-351-8172
Daytime Phone #

CR2E034 (9/96)