

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 # **V61817** (5)

1. Corporation Name

SOUTHERN SUNSHINE TOURS, INC.



Principal Place of Business

**836 BAYSIDE DR
TAMPA FL 33609
US**

Mailing Address

**836 BAYSIDE DR
TAMPA FL 33609
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3144623

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, GEORGE W.
14502 N DALE MABRY
STE 200
TAMPA FL 33618**

81 Name

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WHITAKER, RICHIE S**
STREET ADDRESS **836 BAYSIDE DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE
NAME **WHITAKER, ROBERT D**
STREET ADDRESS **836 BAYSIDE DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **WHITAKER, ROBERT D JR.**
STREET ADDRESS **4509 CLAIRMONT AVENUE**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **D** ☐ DELETE
NAME **WHITAKER, BARRINGTON P**
STREET ADDRESS **4114 HARDWOOD DRIVE**
CITY-ST-ZIP **VALRICO FL**

TITLE **D** ☐ DELETE
NAME **WHITAKER, CAMPBELL S**
STREET ADDRESS **14905 LEJEUNE**
CITY-ST-ZIP **TAMPA FL**

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

**2575 INDIAN CREEK DRIVE
PELHAM AL 35124**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**8233 60TH STREET CIR. E APT. 601
SARASOTA FL 34243**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. WHITAKER 4-18-96 813-286-8862

Date

Daytime Phone #

CR2E034 (12/95)