

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90145 035 \*\*\*150.00

DOCUMENT # V61817

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1992

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 921 NEWBERGER ROAD

Suite, Apt. #, etc.

22

23 City & State LUTZ FL

24 Zip 33549 25 Country US

2a. Mailing Address

26 P.O. Box 1226

Suite, Apt. #, etc.

27

28 City & State LUTZ FL

29 Zip 33548 30 Country US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

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 2575 INDIAN CREST DR  
CITY-ST-ZIP PELHAM AL

TITLE D ☐ DELETE

NAME WHITAKER, BARRINGTON P  
STREET ADDRESS 8233 60TH ST CIRCLE, EAST, APT 601  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME WITAKER, 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 921 NEWBERGER ROAD  
1.4 CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 921 NEWBERGER ROAD  
2.4 CITY-ST-ZIP LUTZ FL 33549

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)