FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95 B.6469 XC

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

'95 MAY -1 AM 9:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 454320 (3)

1. Corporate Name

LYON TRAVEL SERVICE, INC.

Principal Place of Business: 1028 SILVER SPRINGS BOULVARD, OCALA FL 34470-6799, US

Mailing Address: 1028 SILVER SPRINGS BOULVARD, OCALA FL 34470-3799

3. Date Incorporated or Qualified: 06/07/1974

3a. Date of Last Report: 05/27/1994

4. FEI Number: 59-1534878 — 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

2. Principal Place of Business / 2a. Mailing Address

21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 / 25	29 / 30

8. Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYON, ARTHUR, B. 1028 EAST SILVER SPRINGS BLVD. OCALA FL 34470	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	LYON, ARTHUR B	1 NAME	
STREET ADDRESS	5309 NW 80 AVE RD	1 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1 CITY-ST-ZIP	
TITLE	SD	2 TITLE	[ ] Change [ ] Addition
NAME	LYON, AUDREY ARNOLD	2 NAME	
STREET ADDRESS	5309 NW 80 AVE RD	2 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: A. B. Lyon Pres — 5-1-95 — 904 732 3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0380609 CP