

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 493644

(9)

1. Corporation Name

CENTRAL TRAVEL, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:00

Principal Place of Business

**601 W. CENTRAL AVENUE
P.O. BOX 109
WINTER HAVEN FL 33882-7109**

Mailing Address

**601 W. CENTRAL AVENUE
P.O. BOX 109
WINTER HAVEN FL 33882-7109**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1975

3a. Date of Last Report

02/07/1994

4. FEI Number

59-1706346

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 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 the filer (applicant)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
DORR, G.C.
601 W. CENTRAL AVENUE
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
DORR, ANNABELLE
601 W. CENTRAL AVENUE
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GOLDSMITH, JAMES B.
601 W CENTRAL AVE.
WINTER HAVEN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DORR, C.S.
601 W CENTRAL AVE
WINTER HAVEN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DORR, JR, G C
601 W. CENTRAL AVENUE
WINTER HAVEN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOTKIN, SARA D.
601 W. CENTRAL AVENUE
WINTER HAVEN FL**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(3)(b), 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: James B. Goldsmith

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/2/95

(813) 293-3151