

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:38

DOCUMENT # H60857 (0)

1. Corporation Name
TRAVEL TIME LTD., INC.

Principal Place of Business	Mailing Address
% PHYLLIS REPPEN 747 JENKS AVE PANAMA CITY FL 32401	% PHYLLIS REPPEN 747 JENKS AVE PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/03/1985		3a. Date of Last Report 04/25/1994	
4. FEI Number 59-1595041		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				59-1595041				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>			
22				27				6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>			
City & State				City & State				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		24		25		29		30		31		32	
Zip		Country		Zip		Country		Zip		Country		City		Zip Code	
24		25		29		30		31		32		33		34	

9. Name and Address of Current Registered Agent
**JELKS, ALLEN N., JR., ESQUIRE
JOHNSTON, HARRIS & GERDE
239 E 4TH STREET
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when running.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPPEN, PHYLLIS	1.2 NAME	
STREET ADDRESS	747 JENKS AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 change or on an attachment with an address.

SIGNATURE: *Phyllis Reppen* 4-4-95 904-769-9961
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT