FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:59

DOCUMENT # K59728 (1)

1. Corporation Name
FLEETWOOD TRAVEL CORPORATON

Principal Place of Business	Mailing Address
904 LEE BOULEVARD P. O. BOX 1105 LEHIGH ACRES FL 33936	904 LEE BOULEVARD P. O. BOX 1105 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1989
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0095854 ☐ 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BEACH, WILLIAM H.
347 CRESTWOOD AVE
LEHIGH ACRES FL 33936
DELETE

10. Name and Address of New Registered Agent

81 Name: x Micki J. REGAS
82 Street Address (P.O. Box Number is Not Acceptable): x 3018 EIGHTH STREET
83 x
84 City: x Lehigh Acres FL 85 Zip Code: 33936

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: X Micki James Regas Pres. X 3-10-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	REGAS, MICKI J.	1.2 NAME	
STREET ADDRESS	3018 EIGHTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	VEDITZ, SHIRLEY	2.2 NAME	
STREET ADDRESS	703 FILLMORE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BEACH, MAUREEN G.	3.2 NAME	
STREET ADDRESS	347 CRESTWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL DELETE	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BEACH, WILLIAM H.	4.2 NAME	
STREET ADDRESS	347 CRESTWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: X Micki James Regas Pres. 3-10-95 813 347-2178
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334770 CP