

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 24 PM 1:35****DOCUMENT # P92000000534 (7)**

1. Corporation Name

BON APPETIT TRAVEL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/26/19923a. Date of Last Report
04/13/19944. FEI Number
65-0366321Applied For
☐ Not Applicable5. 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

Mailing Address

**148 MARINA PLAZA
DUNEDIN FL 34698****148 MARINA PLAZA
DUNEDIN FL 34698**

21. Suite, Apt. #, etc.

2a. Mailing Address

22. City & State

2b. Suite, Apt. #, etc.

23. Zip

Country

27. City & State

28. Zip

Country

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**RUGGLES, THOMAS W
28465 U.S. 19 N.
CLEARWATER FL 34621**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REICHL, DENNIS
148 MARINA PLAZA
DUNEDIN FL 34698**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KREUZIGER, PETER W
148 MARINA PLAZA
DUNEDIN FL 34698**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIEDL, KARL H
148 MARINA PLAZA
DUNEDIN FL 34698**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANCASTER, RONALD D
1218 S. MYRTLE AVE.
CLEARWATER FL 34616**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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)(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; that I am the holder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-95

Date

813-733-4121

Daytime Phone #