

**CORPORATION
ANNUAL REPORT
1995**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62894 (8)

1. Corporation Name
EDUCATIONAL TRAVEL FOR EVERYONE, INC.

95 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

Mailing Address

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/27/1991

3a. Date of Last Report
03/14/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30 Country

4. FEI Number

59-3080583

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

9. Name and Address of Current Registered Agent

BUTLER, NEIL H.
322 BEARD STREET
TALLAHASSEE FL 32302

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
WACKSMAN, JAMES F
3380 CAPITAL CIR NE, #2
TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
KEEN, J VELMA II
504 SWEETWATER CLUB CIR
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
MILLER, M LANCE
302 3RD ST, #1
NEPTUNE BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
FRANCESCHI, LEE ANN
2909 NANHOE RD
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WACKSMAN, CATHY
2844 STONEGATE WAY
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KEEN, SHARON
504 SWEETWATER CLUB CIR
LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 custodian 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 as an attachment, with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Printed Name