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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:00

DOCUMENT # 493644 (9)

1. Corporation Name
CENTRAL TRAVEL, INC.

Principal Place of Business	Mailing Address
601 W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33882-7109	601 W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33882-7109

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

DORR, G. C.
601 W. CENTRAL AVENUE
P.O. BOX 109
WINTER HAVEN FL 33880

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

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	DORR, G.C.
STREET ADDRESS	601 W. CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	VSD
NAME	DORR,ANNABELLE
STREET ADDRESS	601 W. CENTRAL AVENUE
CITY-ST-ZIP	WINTERHAVEN, FL 00000
TITLE	V
NAME	GOLDSMITH, JAMES B.
STREET ADDRESS	601 W CENTRAL AVE.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	DORR, C.S.
STREET ADDRESS	601 W CENTRAL AVE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	DORR, JR, G C
STREET ADDRESS	601 W. CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	BOTKIN, SARA D.
STREET ADDRESS	601 W. CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN 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)(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: James B. Goldsmith James B. Goldsmith 2/2/95 (813) 293-3151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0318303 CP