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FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33882-0109

601 W. CENTRAL AVENUE
P.O. BOX 109
WINTER HAVEN FL 33882-0109

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

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

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

G.C. Dorr - G.C. Dorr

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME DORR, G.C.
STREET ADDRESS 601 W. CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN, FL 00000

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

TITLE VSD ☐ DELETE
NAME DORR, ANNABELLE
STREET ADDRESS 601 W. CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN, FL 00000

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

TITLE V ☒ DELETE
NAME GOLDSMITH, JAMES B.
STREET ADDRESS 601 W CENTRAL AVE.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☐ DELETE
NAME DORR, C.S.
STREET ADDRESS 601 W CENTRAL AVE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☐ DELETE
NAME DORR, JR, G C
STREET ADDRESS 601 W. CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☐ DELETE
NAME BOTKIN, SARA D.
STREET ADDRESS 601 W. CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN FL

6.1 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 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:

G.C. Dorr

2/13/97

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CR2E034 (9/96)