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FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000065122 (1)

1. Corporation Name

UNIVERSITY TRAVEL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1759 W. BROADWAY
SUITE 2
OVIEDO FL 32765
US

1759 W. BROADWAY
SUITE 2
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-3266798

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPPAS, PETER G
225 E. ROBINSON ST.
SUITE 840
ORLANDO FL 32801

Philip Logan
34 East Pine St
Orlando, FL
32801

10. Name and Address of New Registered Agent

81 Name Philip Logan

82 Street Address (P.O. Box Numbers Not Acceptable)

34 East Pine St

83

84 City ORLANDO

FL

85 Zip Code 32801

11. I, as agent to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 I accept, the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to change the registered office or registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME SHUMAKER, JANET
STREET ADDRESS 1020 NANCY CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D
NAME SAPP, NANCY
STREET ADDRESS 1759 W. BROADWAY, SUITE 7
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President
12 NAME Shumaker, Janet
13 STREET ADDRESS 1020 Nancy Circle
14 CITY-ST-ZIP Winter Springs, FL 32708

21 TITLE
22 NAME ELISON, ROBERT
23 STREET ADDRESS 1761 WEST SCHWARTZ
24 CITY-ST-ZIP LADY LAKE FL 32159

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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.

JANET SHUMAKER
Hologram 4/23/98

CR2E034 (10/97)