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 MAY -1 AM 9:47

DOCUMENT # 231344 (3)

1. Corporation Name
ORMOND BEACH TRAVEL AGENCY INC

Principal Place of Business	Mailing Address
125 E.GRANADA AVE ORMOND BEACH FL 32176	125 E.GRANADA AVE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1959
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-0882694 ☐ 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

GOOD,SAMUEL R
125 E. GRANADA AVE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: Linda C. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 278 N. Nova Road
83:
84 City: Ormond Beach FL 85 Zip Code: 32174

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: Linda C Williams 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V/D	☒ Change ☐ Addition
NAME	BELL, THEA	12 NAME		
STREET ADDRESS	925 N HALIFAX	13 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	WILLIAMS, LINDA C	22 NAME		
STREET ADDRESS	278 N NOVA RD	23 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	GOOD, SAMUEL R	32 NAME	Delete	
STREET ADDRESS	120 JOHN ANDERSON DR	33 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL 00000	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	S/T/D	☒ Change ☐ Addition
NAME	DELANY, MIRIAM	42 NAME		
STREET ADDRESS	89 S ATLANTIC #702	43 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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: MIRIAM B. DELANY Miriam B. Delany May 1, 1995 904 677 6180
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0011R96 CP