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

APPROVED AND FILED
95 APR 28 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **340048** **(8)**

1. Corporation Name
GULLIVER'S TRAVELS, INC.

APPROVED AND FILED
95 APR 28 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1819 MIAN ST. SUITE 218 SARASOTA FL 34236	1819 MIAN ST. SUITE 218 SARASOTA FL 34236

3. Date Incorporated or Qualified: 01/13/1969
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1297486 — Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc. — 22: 110
Suite, Apt. #, etc. — 27: 110
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24; Country — 25
Zip — 29; Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMBROSE DAVID
1819 MAIN ST. SUITE 218
SARASOTA FL 34236

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	AMBROSE, DAVID	1.2 NAME		
STREET ADDRESS	621 RANGER LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	AMBROSE, MARGARET	2.2 NAME		
STREET ADDRESS	621 RANGER LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PT	3.1 TITLE		☐ Change ☐ Addition
NAME	RIDLEY, DAVID	3.2 NAME		
STREET ADDRESS	3321 OAK GROVE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	MAUREEN C. RIDLEY	
STREET ADDRESS		4.3 STREET ADDRESS	3321 OAK GROVE DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	DARLENE CARLSON	
STREET ADDRESS		5.3 STREET ADDRESS	1819 MAIN ST	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: J. David Ridley J. DAVID RIDLEY PRESIDENT 4/20/95 813-342-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340028 CP