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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

GULLIVER'S TRAVELS, INC.

Principal Place of Business	Mailing Address
1819 MIAN ST. SUITE 218 110 SARASOTA FL 34236 US	1819 MIAN ST. SUITE 218 110 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: **01/13/1969**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21 1819 MAIN ST,	26 1819 MAIN ST.
Suite, Apt. #, etc. 22 SUITE 110	Suite, Apt. #, etc. 27 SUITE 110
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34236 / 25 USA	Zip / Country 29 34236 / 30 USA

4. FEI Number: **59-1297486** ☐ 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

AMBROSE DAVID
1819 MAIN ST. SUITE 218
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name [redacted]

82 Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN ST. SUITE 110

83

84 City: SARASOTA FL 85 Zip Code: 34236

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 [redacted] DATE 2/2/96

Signature, typed or printed name of registered agent, and title if applicable — Date (required when signed by agent)

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

CR2E034 (12/95)

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)(k), 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: [redacted] DAVID RIDLEY 2/2/96 (941) 366-1590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #