SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $975)

PROFIT 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 JUL -3 AM 8: 26

DOCUMENT # 425965 (1)

1. Corporation Name
NAPLES TRAVEL AND CRUISE CENTRE, INC.

Principal Place of Business
886 5TH AVE. SOUTH
NAPLES FL 33940

Mailing Address
886 5TH AVE. SOUTH
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1973
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1466086 — 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

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

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

9. **Name and Address of Current Registered Agent**
ELKINS, JAMES W
1000 TAMIAMI TRAIL N
NAPLES FL 33940

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TARVIN, KENNETH L.
STREET ADDRESS	708 SPRINGLINE DR.
CITY, ST, ZIP	NAPLES FL
TITLE	VD
NAME	TARVIN, PATRICIA A.
STREET ADDRESS	708 SPRINGLINE DR.
CITY, ST, ZIP	NAPLES FL
TITLE	ST
NAME	DEVOGT, HAZEL
STREET ADDRESS	1261 ROYAL PALM DR
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP	33940	
21 TITLE		☐ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP	33940	
31 TITLE		☐ Change ☒ Addition
32 NAME	DeVogt, Hazel G.	
33 STREET ADDRESS		
34 CITY, ST, ZIP	33940	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

CR2E034 (3/95)

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(1)(a), 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: Kenneth L. Tarvin [signature] 6/27/95 941-262-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0104922 CP