

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 429479 (9)

1. Corporation Name

BARBARA'S CRUISES AND TOURS, INC.

Principal Place of Business

Mailing Address

**1116 W NORTH BLVD
LEESBURG FL 32748**

**1116 W NORTH BLVD
LEESBURG FL 32748**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1973

3a. Date of Last Report

04/20/1994

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

59-1478242

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

**HOLLAND, BARBAR J.
1116 W NORTH BLVD
LEESBURG FL 32748**

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

Barbara J. Holland President

4-6-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HOLLAND, JOSEPH E.
9033 SILVER LAKE
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HOLLAND, BARBARA
9033 SILVER LAKE
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLAND, PAUL
2117 N CITRUS BLVD
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLAND, JULIA
8915 SILVER LK
LEESBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLAND, STEVEN
2781 SANDALWOOD DR S
TALLAHASSEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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

Vice President

☒ Change

☐ Addition

DELETE

☒ Change

☐ Addition

DELETE

☒ Change

☐ Addition

☐ Change

☐ Addition

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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara J. Holland President

DATE

4/6/95

904-787-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TELEPHONE NUMBER