**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

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 JUN 12 PM 3:40

DOCUMENT # **450522** **(8)**

1. Corporation Name
**WINTER PARK TRAVEL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 348 PARK AVENUE SOUTH<br>PO BOX # 290<br>WINTER PARK FL 32790 | 348 PARK AVENUE SOUTH<br>PO BOX # 290<br>WINTER PARK FL 32790 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/17/1974 | 3a. Date of Last Report: 04/13/1994 |
| 4. FEI Number: 59-1525501 | ☐ 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 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 348 PARK AVENUE SOUTH | 26 348 PARK AVENUE SOUTH |
| 22 Suite, Apt. #, etc. P.O. BOX 290 | 27 Suite, Apt. #, etc. P. O. BOX 290 |
| 23 City & State WINTER PARK, FL | 28 City & State WINTER PARK, FL |
| 24 Zip 32790-0290 25 County ORANGE | 29 Zip 32790-0290 30 County ORANGE |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FARQUHARSON, D S<br>348 PARK AVE SO<br>WINTER PARK, FL<br>32789 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 restating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FARQUHARSON, JAMES P. | 12 NAME | |
| STREET ADDRESS | 246 E. HORNBEAM DR. | 13 STREET ADDRESS | |
| CITY ST ZIP | LONGWOOD FL | 14 CITY ST ZIP | |
| TITLE | CTD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FARQUHARSON, DONALD S. | 22 NAME | |
| STREET ADDRESS | 2418 SWEETWATER CC DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | APOPKA FL | 24 CITY ST ZIP | |
| TITLE | PSD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | FARQUHARSON, BARBARA C. | 32 NAME | |
| STREET ADDRESS | 2418 SWEETWATER CC DR. | 33 STREET ADDRESS | |
| CITY ST ZIP | APOPKA FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 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 | |

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(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:** D. S. Farquharson D. S. FARQUHARSON JUNE 8, 1995 (407) 645-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133368 FP