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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:58

DOCUMENT # 484685 (3)

1. Corporation Name
TREK INTERNATIONAL SAFARIS, INC.

Principal Place of Business
6440 SOUTHPOINT PARKWAY. #100
PO BOX 19065
JACKSONVILLE FL 32216

Mailing Address
6440 SOUTHPOINT PARKWAY. #100
PO BOX 19065
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/18/1975
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1889655 ☐ 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

CLOANINGER, ROBERT H
6440 SOUTHPOINT PARKWAY, STE. #100
JACKSONVILLE, FL
32216

10. Name and Address of New Registered Agent

81 Name: Cloaninger, Michael C.
82 Street Address (P.O. Box Number is Not Acceptable): 6440 Southpoint Parkway, Suite 100
83
84 City: Jacksonville FL 85 Zip Code: 32216

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: Michael C. Cloaninger — President — 02/16/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	P ☒ Change ☐ Addition
NAME	CLOANINGER, ROBERT H.	1 2 NAME	Cloaninger, Michael C.
STREET ADDRESS	7944 LOS ROBLES COURT	1 3 STREET ADDRESS	102 Rita Rae Lane
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	V	2 1 TITLE	V ☒ Change ☐ Addition
NAME	LOFTIN, EUGENE	2 2 NAME	Hanburry, Milton H. Jr.
STREET ADDRESS	218 E FORSYTHE	2 3 STREET ADDRESS	3063 Cypress Creek Dr. N.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2 4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	ST	3 1 TITLE	☐ Change ☐ Addition
NAME	CLOANINGER, SHIRLEY	3 2 NAME	
STREET ADDRESS	7944 LOS ROBLES COURT	3 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	V ☐ Change ☒ Addition
NAME		4 2 NAME	Hanburry, Cara C.
STREET ADDRESS		4 3 STREET ADDRESS	3063 Cypress Creek Dr. N.
CITY-ST-ZIP		4 4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
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)(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: Shirley Cloaninger, Sec./Treas. (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 02/16/95 (Date) — (904) 296-3236 (Daytime Phone #)

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