**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)**

APPROVED AND FILED

95 JUL -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

DOCUMENT # **502226** **(4)**

1. Corporation Name

**BUCCANEER TRAVEL AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 110 S. HOOVER BLVD.<br>VANGUARD BUILDING, SUITE 115<br>TAMPA FL 33609-2436 | 110 S. HOOVER BLVD.<br>VANGUARD BUILDING, SUITE 115<br>TAMPA FL 33609-2436 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1976**
3a. Date of Last Report: **08/12/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 **One N. Dale Mabry** | 26 **One N. Dale Mabry** |
| Suite, Apt. #, etc. 22 **Suite 950** | Suite, Apt. #, etc. 27 **Suite 950** |
| City & State 23 **Tampa, FL** | City & State 28 **Tampa, FL** |
| Zip 24 **33609-2758** Country 25 **USA** | Zip 29 **33609-2758** Country 30 **USA** |

4. FEI Number: **59-1662738** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. **XX** Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CORPORATION INFORAMTION S INC.<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 | 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 [illegible] DATE

| 12. OFFICERS AND DIRECTORS | | 13. | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | ORSINO, PHILIP S. | 12 NAME | |
| 13 STREET ADDRESS | 26 WIMBLETON ROAD | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | TORONTO ON | 14 CITY ST ZIP | |
| 21 TITLE | TVP | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | TUBBESING, ROBERT V. | 22 NAME | |
| 23 STREET ADDRESS | 21 BERMERSYDE DRIVE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | ETOBICOKE ON | 24 CITY ST ZIP | |
| 31 TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | REYNOLDS-MAY, TERI | 32 NAME | |
| 33 STREET ADDRESS | 2513 WEST LORRAINE AVENUE | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | TAMPA FL | 34 CITY ST ZIP | |
| 41 TITLE | VP | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | ULSTER, HARLEY | 42 NAME | |
| 43 STREET ADDRESS | 27 WESTOVER ORAD | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | TORONTO ON | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

14. I hereby certify that the information supplied with this report is knowledgably 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 13 above, or on an attached, properly typed sheet with its address.

**SIGNATURE:** J. Reynolds-May
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR

**6/26/95** Date

**813-287-2660** Daytime Phone #

0000240 CP