

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 502450

(0)

1. Corporation Name

SEMINOLE TRAVEL, INC.

Principal Place of Business

**7731 SEMINOLE MALL
SEMINOLE FL 34642-1799**

Mailing Address

**7731 SEMINOLE MALL
SEMINOLE FL 34642-1799**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1976

3a. Date of Last Report

07/12/1994

4. FEI Number

59-1681048

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**FAHS, BERTRAM J.
15542 REDINGTON DRIVE
REDINGTON BEACH FL 33708**

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 607.1503, 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 607.0502 of Florida Statutes.

SIGNATURE

Bertram J. Fahs

NOTE: Registered Agent signature required when registering.

6/15/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

NAME

FAHS, BERTRAM J.

STREET ADDRESS

15542 RED DRIVE

CITY - ST - ZIP

RED BEACH FL

TITLE

VD

NAME

BALDWIN, JEANETTE

STREET ADDRESS

465 HARBOR DR NORTH

CITY - ST - ZIP

INDIAN ROCKS BEACH FL

TITLE

VSD

NAME

STERLING, JUDITH E

STREET ADDRESS

16494 RED DRIVE

CITY - ST - ZIP

RED BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

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

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 its 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:

Bertram J. Fahs

BERTRAM J. FAHS, Pres.

Date

Signature Printed

392-2202

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CR2E034 (3/95)