

FILED

Jan 22 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 511927

(6)

1. Corporation Name

EMMER TRAVEL, INC.



Principal Place of Business

2801 S.W. ARCHER ROAD  
GAINESVILLE FL 32606

Mailing Address

2801 S.W. ARCHER ROAD  
GAINESVILLE FL 32606-1025

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

EMMER, PHILIP I.  
2801 S.W. ARCHER ROAD  
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

09/08/1976

3a. Date of Last Report

04/22/1996

4. FEI Number

59-1688509

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME EMMER, BARBARA L  
STREET ADDRESS 2736 NW 22ND DRIVE  
CITY-ST-ZIP GAINESVILLE FLTITLE T ☐ DELETENAME SUSKEY, JOHN T.  
STREET ADDRESS 2801 SW ARCHER RD  
CITY-ST-ZIP GAINESVILLE FLTITLE V ☒ DELETENAME VANDERPOL, JANNA  
STREET ADDRESS 4510 SHERWOOD TRACE  
CITY-ST-ZIP GAINESVILLE, FL 00000TITLE PD ☐ DELETENAME EMMER, PHILIP I  
STREET ADDRESS 2736 NW 22ND DR  
CITY-ST-ZIP GAINESVILLE, FL 00000TITLE VSD ☐ DELETENAME RELLER, ROBERT H.  
STREET ADDRESS 2331 BW 44TH PLACE  
CITY-ST-ZIP GAINESVILLE FLTITLE VSD ☐ DELETENAME MCGRIFF, LORI E.  
STREET ADDRESS 4721 NW 25TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

352-376-2444

Daytime Phone #