

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **542616** (8)

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

Principal Place of Business Mailing Address  
**561 WHISPERING PINE LANE NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/09/1977** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **4757 Tamiami Trail, N** 26 **4757 Tamiami Trail, N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 \_\_\_\_\_ 27 \_\_\_\_\_  
City & State City & State  
23 **Naples, FL** 28 **Naples, FL**  
Zip Country Zip Country  
24 **33940** 25 **Collier** 29 **33940** 30 **Collier**

4. FEI Number **59-1759256** 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

9. Name and Address of Current Registered Agent  
**TERRANCE P. THYE**  
**561 WHISPERING PINE LANE**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <b>V</b>                        |
| NAME                       | <b>THYE, TERRANCE P.</b>        |
| STREET ADDRESS             | <b>561 WHISPERING PINE LANE</b> |
| CITY - ST - ZIP            | <b>NAPLES FL</b>                |
| TITLE                      | <b>PS</b>                       |
| NAME                       | <b>THYE, DORIS W.</b>           |
| STREET ADDRESS             | <b>561 WHISPERING PINE LANE</b> |
| CITY - ST - ZIP            | <b>NAPLES FL</b>                |
| 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 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 authorized empowereed 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 thereto.

SIGNATURE: Terrance P. Thye Feb. 11, 94 813-261-1110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Captain Form #)