FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT
1995

APPROVED AND FILED
'95 MAR -1 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 656706 (9)

1. Corporate Name
FIVE POINTS TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
650 PARK STREET JACKSONVILLE FL 32204	650 PARK STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21): Street, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Street, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1971512 ☐ 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

WALKER, DAVID
650 PARK ST.
JACKSONVILLE FL 32204

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 Section 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 _____ (Of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
01 TITLE	P	11 TITLE	Secretary	☐ Change ☒ Addition
02 NAME	WALKER, DAVID S.	12 NAME	Morris Mirkis	
03 STREET ADDRESS	650 PARK STREET	13 STREET ADDRESS	650 Park Street	
04 CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, fla. 32204	
01 TITLE	VT	21 TITLE		☐ Change ☐ Addition
02 NAME	GASKIN, DEBI	22 NAME		
03 STREET ADDRESS	650 PARK ST	23 STREET ADDRESS		
04 CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
01 TITLE		31 TITLE		☐ Change ☐ Addition
02 NAME		32 NAME		
03 STREET ADDRESS		33 STREET ADDRESS		
04 CITY-ST-ZIP		34 CITY-ST-ZIP		
01 TITLE		41 TITLE		☐ Change ☐ Addition
02 NAME		42 NAME		
03 STREET ADDRESS		43 STREET ADDRESS		
04 CITY-ST-ZIP		44 CITY-ST-ZIP		
01 TITLE		51 TITLE		☐ Change ☐ Addition
02 NAME		52 NAME		
03 STREET ADDRESS		53 STREET ADDRESS		
04 CITY-ST-ZIP		54 CITY-ST-ZIP		
01 TITLE		61 TITLE		☐ Change ☐ Addition
02 NAME		62 NAME		
03 STREET ADDRESS		63 STREET ADDRESS		
04 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 attachment with an address.

SIGNATURE: Morris Mirkis — Morris Mirkis — 904/358-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014877 CP