

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **656706** (9)  
1. Corporation Name  
**FIVE POINTS TRAVEL AGENCY, INC.**



Principal Place of Business  
**650 PARK STREET  
JACKSONVILLE FL 32204**

Mailing Address  
**650 PARK STREET  
JACKSONVILLE FL 32204-2833**

2. Principal Lines of Business

21. Service, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

3. Date Incorporated or Qualified

**02/21/1980**

3a. Date of Last Report

**02/08/1996**

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 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 of Registered Agent or Director)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **WALKER, DAVID S.**  
STREET ADDRESS **650 PARK STREET**  
CITY-STATE-ZIP **JACKSONVILLE FL**  
TITLE **VT** ☐ DELETE  
NAME **GASKIN, DEBI**  
STREET ADDRESS **650 PARK ST**  
CITY-STATE-ZIP **JACKSONVILLE FL**  
TITLE **S** ☒ DELETE  
NAME **MIRKIS, MORRIS**  
STREET ADDRESS **650 PARK ST**  
CITY-STATE-ZIP **JACKSONVILLE FL**  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-STATE-ZIP ☐ DELETE  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 of this filing.

SIGNATURE:

*David S. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/97 908-358-3946*

LC-5

Doyle & Pines

CR2E034 (9/96)