

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

ADVENTURES IN TRAVEL OF TALLAHASSEE, INC.



Mailing Address

3380 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3710

3a. Date of Last Report

05/01/1995

Applied For

| | |
|----------------|----------------|
| Applicable For | Not Applicable |
|----------------|----------------|

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☐ 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's signature required when reinstating.)

524

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MILLER, LANCE | |
| STREET ADDRESS | 302 3RD STREET, STE. 1 | |
| CITY - ST - ZIP | NEPTUNE BEACH FL | |

| | | |
|---------------------|---------------------------------|---------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add on |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FRANCESCHI, LEE ANN | |
| STREET ADDRESS | 2909 IVANHOE ROAD | |
| CITY - ST - ZIP | TALLAHASSEE FL | |

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | KEEN, J VELMA II | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | |
| CITY - ST - ZIP | LONGWOOD FL | |

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WACKSMAN, CATHY | |
| STREET ADDRESS | 2644 STONEGATE DRIVE | |
| CITY - ST - ZIP | TALLAHASSEE FL | |

| 4 1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------------------|---------------------------------|-----------------------------------|
| 4 2 NAME | | |
| 4 3 STREET ADDRESS | | |
| 4 4 CITY - ST - ZIP | | |

| | | |
|-----------------|----------------------|--------|
| CITY - STATE | WILMINGTON, DE | DELETE |
| TITLE | P | |
| NAME | WACKSMAN, JAMES F. | |
| STREET ADDRESS | 2644 STONEGATE DRIVE | |
| CITY - ST - ZIP | TAI AHASSEE FL | |

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEEN, SHARON | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | |
| CITY - ST - ZIP | TALLAHASSEE FL | |

| | | |
|--------------------|-----------------------|--|
| 61 TITLE | 300001902513 | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 62 NAME | -07/23/96--01136--012 | |
| 63 STREET ADDRESS | ***225.00 | |
| 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

62

Case Study: Fixing a

CR2E034 (3/96)