


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 102

97 AUG -7 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 667755 (3)**  
1. Corporation Name  
**ROSEBOROUGH TRAVEL AGENCY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>140 EAST INDIANA AVENUE % MARYWAYNE WRIGHT DELAND FL 32724</b>	Mailing Address <b>140 EAST INDIANA AVENUE % MARYWAYNE WRIGHT DELAND FL 32724</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/24/1980</b>	3a. Date of Last Report <b>02/02/1996</b>
4. FEI Number <b>59-1989051</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>WRIGHT, MARYWAYNE 140 EAST INDIANA AVENUE DELAND FL 32724</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WRIGHT, MARYWAYNE 960 S. MASSACHUSETTS AVE DELAND FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100002264621--9 -08/12/97--01059--012 ***165.00 ***165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WRIGHT, GEORGE A. 960 S. MASSACHUSETTS AVE DELAND FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCCALLUM, KATHRINE E 1800 EAST MINNESOTA AVE DELAND FL 32724</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>O. Alan 8/7/97</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

CR2E034 (4/97)



*Roseborough Travel Agency, Inc.*

140 EAST INDIANA AVENUE  
DeLAND, FLORIDA 32724

PHONE: (904) 734-7245  
FAX: 1-904-738-1415

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 15, 1997

Re: Filing for 1997  
Doc# 667755  
FEI# 59-1989051

On Dec 30, 1996 we sent our check number #26869 in the amount of \$165.00. This was sent in your pre-printed envelope and apparently has been lost by you all. Find enclosed all paperwork pertaining to original filing.

Find enclosed replacement check number # 27768 in the same amount. We feel that it is unfair to be penalized \$385.00 for a mistake that was not our own. I can be contacted at 904-734-7245 if you have any problem with this.

Sincerely,

Kathy McCallum  
Secretary  
Roseborough Travel Agency