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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham 1304
Secretary of State: C 24/28
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:11

DOCUMENT # 732060
1. Corporation Name

TRAVEL AGENTS ASSOCIATION, INC.

(9)

Principal Place of Business

421 LAURA ST
JACKSONVILLE FL 32202

Mailing Address

421 LAURA ST
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
04/01/1994

4. FEI Number
59-2955436

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 8160 BAYMEADOWS WAY WEST

2a. Mailing Address

8160 BAYMEADOWS WAY WEST

Suite, Apt. #, etc.

22 SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32256

Country

25 USA

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

FLETCHER, BILL
421 LAURA STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8160 BAYMEADOWS WAY WEST

83 SUITE 100

84 City JACKSONVILLE

FL

85 Zip Code 32256

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	KOSKI, GEORGE	2280 THIRD ST	JACKSONVILLE FL
TDS	FLETCHER, BILL	421 LAURA ST.	JACKSONVILLE FL
VD	SLABA, DANIELLE	3100 UNIVERSITY BLVD., SOUTH #218	JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

8160 BAYMEADOWS WAY WEST, SUITE 100
JACKSONVILLE FL 32256

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Fletcher BILL FLETCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JAN 95

904-231-7550