

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # 732060 (9)

1. Corporation Name

TRAVEL AGENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8160 BAYMEADOWS WAY WEST
SUITE 100
JACKSONVILLE FL 32256
US

8160 BAYMEADOWS WAY WEST
SUITE 100
JACKSONVILLE FL 32256-7447
US

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2956436

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

10. Name and Address of New Registered Agent

FLETCHER, BILL
8160 BAYMEADOWS WAY WEST
SUITE 100
JACKSONVILLE FL 32256

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME KOSKI, GEORGE
STREET ADDRESS 2280 THIRD ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE TDS ☐ DELETE
NAME FLETCHER, BILL
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 100
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☒ DELETE
NAME SLABA, DANIELLE
STREET ADDRESS 3100 UNIVERSITY BLVD., SOUTH #218
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HART, JOHN
1.3 STREET ADDRESS 868 BLANDING BLVD
1.4 CITY-ST-ZIP ORANGE PARK, FL 32065

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME BUTLER, ELLEN
3.3 STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 195
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME ROHAN, BETTY
4.3 STREET ADDRESS 9825-33 SAN JOSE BLVD
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 617, 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-731-7350 29 MAR 97

Date

Daytime Phone # 0006786

CR2E037 (9/96)