FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:41

DOCUMENT # **839798** **(6)**

1. Corporation Name
MILEAGE MART, INC.

Principal Place of Business	Mailing Address
7217 GULF BLVD STE 6 ST. PETERSBURG BCH FL 33706-1960 US	7217 GULF BLVD STE 6 ST. PETERSBURG BCH FL 33706-1960 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1978**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **36-2302457**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SWANSON, THOMAS D
255 6TH AVE. N.
TIERRA VERDE FL 33715

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 _____ (NOTE: Registered Agent signature required if an amendment) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☐ Change ☐ Addition
NAME	SCHNOOR, FRANKLIN L.	12 NAME	
STREET ADDRESS	719 PINELLAS BAYWAY	13 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SWANSON, JEAN D.	22 NAME	
STREET ADDRESS	255 6TH AVENUE N	23 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SWANSON, THOMAS D.	32 NAME	
STREET ADDRESS	255 6TH AVENUE N	33 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL	34 CITY ST ZIP	
TITLE	EV	41 TITLE	☐ Change ☐ Addition
NAME	REITZEL, GEORGE	42 NAME	
STREET ADDRESS	WOODLAWN ROAD	43 STREET ADDRESS	
CITY ST ZIP	STERLING IL	44 CITY ST ZIP	
TITLE	AV	51 TITLE	☐ Change ☐ Addition
NAME	SWANSON, PETER	52 NAME	
STREET ADDRESS	719 PINELLAS BAYWAY	53 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	SCHNOOR, BARBARA	62 NAME	
STREET ADDRESS	719 PINELLAS BAYWAY	63 STREET ADDRESS	
CITY ST ZIP	TIERRA VERDE FL	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)(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.

SIGNATURE: Franklin L. Schnoor 3-14-95 360-9314
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/3