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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:58

DOCUMENT # **F49384** **(3)**

1. Corporation Name

ANCHOR TOURS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~8445 SR 200 STE 105~~ 8585 SR 200 STE #4	~~8445 SR 200 STE 105~~
OCALA FL 32676	~~OCALA FL 32675~~ P.O. Box 2570 Dunnellon Fl 34430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1981	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2137477	☐ 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 8585 SR 200	26 P.O. Box 2570
Suite, Apt. #, etc: 22 #4	Suite, Apt. #, etc: 27
City & State: 23 OCALA FLORIDA	City & State: 28 DUNNELLON FL
Zip: 24 32676 Country: 25	Zip: 29 34430 Country: 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SERNS, DAVID R., ESQ. 2040 N.E. 163RD STREET N. MIAMI BEACH FL 33162	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 of Agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	SD ☐ Change ☐ Addition
NAME	NOWERY, JOHN M	12 NAME	JOHN M. NOWERY
STREET ADDRESS	13791 SW 112 ST	13 STREET ADDRESS	13791 SW 112 ST
CITY ST ZIP	~~DUNEDON FL~~ Dunnellon Fl 34432	14 CITY ST ZIP	DUNNELLON FL. 34432
TITLE	PD	21 TITLE	PD ☐ Change ☐ Addition
NAME	NOWERY, PEGGY J. 8585 SR 200	22 NAME	NOWERY, PEGGY, J.
STREET ADDRESS	8445 SR 200 STE 105 #4	23 STREET ADDRESS	8585 SR 200 #4
CITY ST ZIP	OCALA FL 32676	24 CITY ST ZIP	OCALA, FL 32676
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: Peggy J. Nowery President 5/22/15 504-854-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0393867 CP