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Jan 14 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F74782 (6)

1. Corporation Name: G & M TRAVEL, INC.



Principal Place of Business: % GARY HAROLD BLOUNT 1735 E BURGESS ROAD PENSACOLA FL 32504
Mailing Address: % GARY HAROLD BLOUNT 1735 E BURGESS ROAD PENSACOLA FL 32504-7112

3. Date Incorporated or Qualified: 04/02/1982
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business: 21. State Apt. #, etc. 22. City & State 23. Zip Country 24. 25.

2a. Mailing Address: 26. State, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

4. FEI Number: 59-2198632
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 [checked] No

9. Name and Address of Current Registered Agent: BLOUNT, GARY HAROLD 1735 E BURGESS ROAD PENSACOLA FL 32504

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: Gary H Blount (Registered Agent) Gary H Blount (NOTE: Registered Agent signature required when re-stating) 1-6-97 DATE

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City, State, Zip. Includes delete checkboxes.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, State, Zip. Includes Change and Addition checkboxes.

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.

SIGNATURE: Robert B Templeton Robert B Templeton 1-6-97 904 479 2189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)