

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F83560

(5)

1. Corporation Name

LEMON BAY TRAVEL, INC.



Principal Place of Business

445 W DEARBORN ST
ENGLEWOOD FL 34223

Mailing Address

445 W DEARBORN ST
ENGLEWOOD FL 34223
US

3. Date Incorporated or Qualified

05/24/1982

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FLE Number

59-2195954

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

WEST-WALKER, JEAN K.
141 WEST BAFFIN DRIVE
VENICE FL 34293

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 Registered Agent (Required for all changes)

Signature of Registered Agent (Required for all changes)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
ST
WEST-WALKER, JEAN K
STREET ADDRESS
141 W BAFFIN DR
CITY-STATE-ZIP
VENICE FL

2. TITLE ☐ DELETE

NAME
DPV
WEST-WALKER, JEAN K.
STREET ADDRESS
141 W BAFFIN DRIVE
CITY-STATE-ZIP
VENICE FL

3. TITLE ☐ DELETE

NAME
D
LAFONTAINE, WILLIAM
STREET ADDRESS
105 HICKORY DR
CITY-STATE-ZIP
DOWNTOWN PA

4. TITLE ☐ DELETE

NAME
D
LAFONTAINE, LESLIE
STREET ADDRESS
105 HICKORY DR
CITY-STATE-ZIP
DOWNTOWN PA

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

2398 Pleasant View Drive
Rochester Hills, MI 48306

2398 Pleasant View Drive
Rochester Hills, MI 48306

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)(k), 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:

Jean K. West-Walker President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(941) 474-9394
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