

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:40

**DOCUMENT # G41826 (0)**

1. Corporation Name  
**CAROLYN WHIDDEN TRAVEL, INC.**

Principal Place of Business Mailing Address  
**889 VANDERBILT BEACH RD. NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/02/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2327635** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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  
24 25 29 30

9. Name and Address of Current Registered Agent  
**WHIDDEN, CAROLYN  
199 IMBERT CT  
FT MYERS FL 33912**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and fee # applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>WHIDDEN, JACKSON C. JR.</b>
STREET ADDRESS	<b>26369 RALEIGH DR.</b>
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>SD</b>
NAME	<b>WHIDDEN, CAROLYN</b>
STREET ADDRESS	<b>743 WIGGINS LAKE DRIVE #102</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: *Jackson C. Whidden Jr.* 6-8-95 911 597-2961  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E004 (3/95)