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CORPORATION ANNUAL REPORT



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

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**DOCUMENT #** 

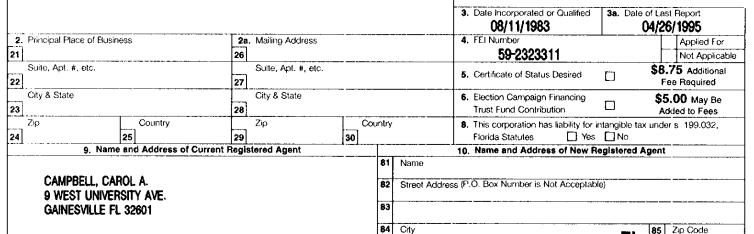
EXCEL TRAVEL, INC.

Mailing Address

9 WEST UNIV AVE GAINESVILLE FL 32601

Principal Place of Business

9 WEST UNIV AVE GAINESVILLE FL 32601



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.

	mature, typed or printed name of registered agent and title	· · · · · · · · · · · · · · · · · · ·	E. Registered Agent signature required			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1 1 TITLE	☐ Change	Addition	
NAME	CAMPBELL, CAROL A.		1 2 NAME			
STREET ADDRESS	9 WEST UNIV. AVE.		13 STREET ADDRESS			
CITY - ST - ZIP	GAINESVILLE FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2 1 TITLE	Change	Addition	
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP			2.4 CiTY-ST-ZiP			
TITLE		☐ DELETE	3 1 THILE	☐ Changs	Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-S1-ZIP			3.4 C-1Y - ST - ZIP			
TITLE		☐ DELETE	4. 1 TITLE	☐ Chang:	Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5. 1 TITLE	☐ Change	☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITLE	Chang 3	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6 4 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)(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 eath; 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:

PHANE OF SHAMO OFFICE OF DEPCY OF ROL A CAMPBULL 4-25.56 376-3821

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