

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 12:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G93544

(6)

1. Corporation Name

CORONADO TRAVEL, INC.

Principal Place of Business

**102 FAULKNER ST.
NEW SMYRNA BEACH FL 32168**

Mailing Address

**102 FAULKNER ST.
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

08/17/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FBI Number

59-2386767

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

9. Name and Address of Current Registered Agent

**ROSS, WILLIAM L., JR.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32089**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ROSS, WILLIAM L., JR.
221 N. CAUSEWAY
NEW SMYRNA BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
MCLAUGHLIN, E. H. JR.
223 QUAY ASSISI
NEW SMYRNA BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
MALLORY, PETER E.
438 QUAY ASSISI
NEW SMYRNA BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
BATTS, LINDA
193 NORTH CUCUMBER
SAMSULA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PROFFITT, KARIN
602 SILK OAK
NEW SMYRNA BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

**S
BATES, LINDA
193 NORTH CUCUMBER L-1
SAMSULA, FL
D
WILLIAMSON, JOHN T
830 SAWGRASS LANE
NEW SMYRNA BEACH, FL**

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter E. Mallory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18, 1995
Date

(Online Phone #)