## **DOCUMENT # G94686** FILED 1. Entity Name Jan 16, 2001 8:00 am THE TRAVEL CONNECTION OF OKEECHOBEE, INC. **Secretary of State** 01-16-2001 90102 045 \*\*\*150 00 Principal Place of Business Mailing Address 3594 HWY 441S 3594 HWY 441S OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2402593 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent GANGLOFF, PAMELA M. Street Address (P.O. Box Number is Not Acceptable) 13230 S.W. 144 PKWY **OKEECHOBEE FL 34974** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition CR2E034 (10/00 ☐ Delete TITLE ☐ Change TITLE GANGLOFF, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 13230 S.W. 144TH PKWY CITY-ST-7IP CITY-ST-ZIP OKEECHOBEE FL 34974 Change ☐ Addition ☐ Delete TITLE TITLE NAME GANGLOFF, LAWRENCE G NAME STREET ADDRESS STREET ADDRESS 13230 SW 144 PKWY CITY-ST-ZIP CITY-ST-7IP OKEECHOBEE FL ☐ Addition TITLE-- Pelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PAMELA MGANGLOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: