FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H65722** **(1)**

1. Corporation Name

JAC TRAVEL TOURS, INC.

Principal Place of Business	Mailing Address
C/O ARLYS S. CRISTE 13170 ATLANTIC BLVD. STE 58 JACKSONVILLE FL 32225 US	C/O ARLYS S. CRISTE 13170 ATLANTIC BLVD. STE 58 JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1985	3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2550218	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. Principal Place of Business: 21	7a. Mailing Address: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRISTE, ARLYS S.
106 PABLO POINT DR
JACKSONVILLE FL 32225

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 the date of execution (If the Registered Agent is a corporation, the signature must be that of an officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	CRISTE, ARLYS S.	12 NAME	
STREET ADDRESS	106 PABLO POINT DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CRISTE, JOSEPH F.	22 NAME	
STREET ADDRESS	106 PABLO POINT DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	SD ☒ Change ☐ Addition
NAME	SHUEY, JEANNE G.	32 NAME	CRISTE, JOSEPH F.
STREET ADDRESS	5704 BAY VIEW PKY	33 STREET ADDRESS	106 PABLO POINT DR
CITY-ST-ZIP	CHURCHTON MD	34 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Arlys S. Criste, President 4/1/95 904-221-0400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Arlys S. Criste

0023880 CP