# 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 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H66543** **(0)**

1. Corporation Name
**RUSKIN TRAVEL AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 501 NORTH TAMIAMI TRAIL<br>RUSKIN FL 33570 | 501 NORTH TAMIAMI TRAIL<br>RUSKIN FL 33570 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2553518** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
8. This corporation has/will be liable for tax under § 220.032, Florida Statutes ☐ Yes ☑ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HAMILTON, ROBERTA JANE CRIM<br>305 6TH ST. S.W.<br>RUSKIN FL 33570 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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
(Corporation Signature & printed name of registered agent and title if applicable) (NEW Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HAMILTON, RICHARD L. | 12 NAME | |
| STREET ADDRESS | 305 6TH ST. S.W. | 13 STREET ADDRESS | |
| CITY ST ZIP | RUSKIN FL | 14 CITY ST ZIP | |
| TITLE | VST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HAMILTON, ROBERTA JANE | 22 NAME | |
| STREET ADDRESS | 305 6TH ST. S.W. | 23 STREET ADDRESS | |
| CITY ST ZIP | RUSKIN FL | 24 CITY ST ZIP | |
| TITLE | P | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CHESTNEY, JUDITH T. | 32 NAME | |
| STREET ADDRESS | 412 DICKMAN DR. S.W. | 33 STREET ADDRESS | |
| CITY ST ZIP | RUSKIN FL | 34 CITY ST ZIP | |
| 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 further 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 added on an attachment with an address.

**SIGNATURE:** Judith T. Chestney (JUDITH T. CHESTNEY) 5/01/95 813/645-4693
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0288421 CP