FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H75385 (5)

1. Corporate Name

A-1 DISCOUNT TRAVEL SHOPPE, INC.

Principal Place of Business: 11721 NORTH DALE MABRY HIGHWAY, TAMPA FL 33618

Mailing Address: 11721 NORTH DALE MABRY HIGHWAY, TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1985

3a. Date of Last Report: 02/07/1994

4. FEI Number: 59-2574307 — 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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRAMER, HABER, MCDONALD & LEVINE, P.A.
1311 N. CHURCH AVENUE
TAMPA FL 33607-2495

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. [illegible] the corporation's board of directors. I hereby accept the appointment as registered agent. [illegible]

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 TITLE ☐ Change ☐ Addition
NAME	STOKES, MICHELE E	1 NAME
STREET ADDRESS	RD1 BOX 19, 19 ROSER ROAD	1 STREET ADDRESS
CITY-ST-ZIP	GLENROCK PA 17327	1 CITY-ST-ZIP
TITLE	V	2 TITLE ☐ Change ☐ Addition
NAME	ABBOTT, THOMAS	2 NAME
STREET ADDRESS	11721 N. DALE MABRY	2 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33618	2 CITY-ST-ZIP
TITLE	ST	3 TITLE ☐ Change ☐ Addition
NAME	STOKES, STANLEY	3 NAME
STREET ADDRESS	RD1 BOX 19, 19 ROSER ROAD	3 STREET ADDRESS
CITY-ST-ZIP	GLENROCK PA 17327	3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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 [illegible] 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: Michele Stokes, president — 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0200079 CP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AR
FILED

DOCUMENT # **H77579** **(1)**

1. Current Name
K. E. ALLEN, INC.

Principal Place of Business
% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

Mailing Address
% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1985**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Rt.
22

Suite, Apt. # or Rt.
27

City & State
23

City & State
28

Zip 24 County 25

Zip 29 County 30

4. FEI Number: **59-2596236** 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 corporate tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MYERS, C.B.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

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 Section 607.0501 and 617.1908 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
	DP		☐ Change ☐ Addition
NAME	ALLEN, KENNETH E.	NAME	
STREET ADDRESS	500 W. COLEMAN DR.	STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	CITY ST ZIP	
	VD		☐ Change ☐ Addition
NAME	ALLEN, KENNETH E. JR.	NAME	
STREET ADDRESS	3447 REDWOOD WAY	STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	CITY ST ZIP	
	VD		☐ Change ☐ Addition
NAME	HARTSFIELD, CINDY A.	NAME	
STREET ADDRESS	3635 BLACK JACK CT.	STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	CITY ST ZIP	
	STD		☐ Change ☐ Addition
NAME	ALLEN, MARGARET F.	NAME	
STREET ADDRESS	500 W COLEMAN DR.	STREET ADDRESS	
CITY ST ZIP	LAKES WALE FL	CITY ST ZIP	
			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is true and accurate and that my/our signature(s) 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 above or on an attached sheet with my address.

SIGNATURE: K E Allen Sr. 5-8-95 813 676 8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
K.E. Allen SR.

0317A00 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **H77793** **(8)**

1. Corporate Name

RAIN SALT, INC.

Principal Place of Business: % DAVID ROBBINS, 1720 S. NOVA RD., DAYTONA FL 32119

Mailing Address: % DAVID ROBBINS, 1720 S. NOVA RD., DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1985

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2587725 — [ ] 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business | 2a. Mailing Address

21	26
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ROBBINS, DAVID W.
1720 S NOVA RD.
DAYTONA FL 32019

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 617.1508, 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 the Sections of 607, Florida Statutes.

SIGNATURE: David Robbins — 5-8-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBBINS, DAVID W.
STREET ADDRESS	1720 S. NOVA RD.
CITY-ST-ZIP	SOUTH DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

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(1)(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: David Robbins David Robbins — 5-8-95 — 904 767-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000083 CP