

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED

95 JUL -7 AM 9 36
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # J11882 (4)

1. Corporation Name
 T.C.G. TRAVEL, INC.

Principal Place of Business
 % KEVIN M. KENNEY
 440 EAST OSCEOLA STREET
 STUART FL 34984-2577

Mailing Address
 % KEVIN M. KENNEY
 440 EAST OSCEOLA STREET
 STUART FL 34984-2577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1986
 3a. Date of Last Report 01/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE 05-827723	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$0.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEY, KEVIN M.
 2067 DE MOORING DR.
 PALM CITY FL 34990

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, KEVIN M.	1.2 NAME	
STREET ADDRESS	2067 SW MOORING DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, PATRICIA A.	2.2 NAME	
STREET ADDRESS	2067 SW MOORING DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE: *Kevin M. Kenney* 6/30/95 407/283-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034 (3/95)