

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J12129 (9)
1. Corporation Name
ORCHID SPRINGS TRAVEL, INC.



Principal Place of Business Mailing Address
200 ORCHID SPRINGS DR
WINTER HAVEN FL 33884
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 900 ORCHID SPRINGS DR		26 900 ORCHID SPRINGS DR		05/01/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 101		27 SUITE 101		59-2779561	
City & State		City & State		Applied For	
23 WINTER HAVEN FL		28 WINTER HAVEN FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33884		29 33884		30 USA	
Country		Country		8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Trust Fund Contribution	
KNIGHT, DIANE S		81 Name		8.75 Additional Fee Required	
200 ORCHID SPRINGS DR		82 Street Address (P.O. Box Number is Not Acceptable)		5.00 May Be Added to Fees	
WINTER HAVEN FL 33884		83		8. This corporation owes or has paid the current year Intangible	
		84 City		Personal Property Tax due June 30.	
		85 Zip Code		Yes No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNIGHT, DIANE S		81 Name	
200 ORCHID SPRINGS DR		82 Street Address (P.O. Box Number is Not Acceptable)	
WINTER HAVEN FL 33884		83	
		84 City	
		85 Zip Code	
		FL 33844	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	KNIGHT, DIANE S.	1.2 NAME	
STREET ADDRESS	1083 STONEBRIDGE DR	1.3 STREET ADDRESS	1 SPENCER SHORES
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	SD	2.1 TITLE	Change Addition
NAME	TATE, ELLEN R.	2.2 NAME	
STREET ADDRESS	203 S MARIAM LK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	Change Addition
NAME	LOFTUS, CAROLYN S.	3.2 NAME	
STREET ADDRESS	2007 VARNER CIRCLE, SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Carolyn S. Loftus-Thompson* 4/20/98 (941) 324-7792

CR2E034 (10/97)