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 JUN 21 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001521158
-06/22/95--01095--011
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # J61378 (2)

1. Corporation Name

First Class Travel, Inc.
c/o Fred Elefant 925 Forest St. Jax, k

Principal Place of Business / Mailing Address

925 Forest St.
Jacksonville, Fl 32204

3. Date Incorporated or Qualified: 3-4-87

3a. Date of Last Report: 6-29-94

2. Principal Place of Business: 21 above

2a. Mailing Address: 26 above

4. FEI Number: 59-2784268 — Applied For / Not Applicable

Suite, Apt #, etc: 22

Suite, Apt #, etc: 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State: 23

City & State: 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 — Country: 25 — Zip: 29 — Country: 30

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Elefant, Fred
1650 Prudential Dr.
Jacksonville, kFl 32202

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 Lolita B. Clark, President — Lolita B. Clark — 5-18-95

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Clark, Lolita B.
STREET ADDRESS	2456 Southside Blvd. JaxFl
CITY ST ZIP	
TITLE	D
NAME	Clark, Lawrence G.
STREET ADDRESS	2456 Southside Blvd.
CITY ST ZIP	Jax, Fl 32216
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

6-21-95 T.G.

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)(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 changed, or on an attachment with an address.

SIGNATURE: Lolita B. Clark, Pres. — Lolita B. Clark — 5-18-95 — 904-724-8639

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