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 APR 21 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85814** **(8)**

1. Corporation Name
COAST TO COAST TRAVEL, INC.

Principal Place of Business	Mailing Address
7690 49TH ST N. PINELLAS PARK FL 34665 US	7690 49TH STREET PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1987
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2834676 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

KINKAID, SHARON R
307 LIVE OAK LANE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: Schanzer, David
82 Street Address (P.O. Box Number is Not Acceptable): 2798 Cottonwood Court
83
84 City: Clearwater FL 85 Zip Code: 34621

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: David Schanzer David Schanzer, President 18 April 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	P/D	XX Change ☐ Addition
NAME	KINKAID, JAMES L.	12 NAME	Schanzer, David	
STREET ADDRESS	307 LIVE OAK LANE	13 STREET ADDRESS	2798 Cottonwood Court	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	DAS	21 TITLE	S/D	☐ Change XX Addition
NAME	KINKAID, SHARON R.	22 NAME	Schanzer, Susan	
STREET ADDRESS	307 LIVE OAK LANE	23 STREET ADDRESS	2798 Cottonwood Court	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SCHANZER, DAVID	32 NAME		
STREET ADDRESS	2798 COTTONWOOD COURT	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER 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		

4/25

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)(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 Schanzer David Schanzer, President 18 April 1995 (813) 545-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944345 CP