

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J86492 (2)

1. Corporation Name

VAN ARSDALE TRAVEL SERVICES, INC.



Principal Place of Business

Mailing Address

480 6TH ST S
NAPLES FL 33940
US

480 6TH ST S
NAPLES FL 33940
US

2. Principal Place of Business

2a. Mailing Address

21 8843 TAMiami TR N

26 8843 TAMiami TR N.

3. Date Incorporated or Qualified

08/10/1987

3a. Date of Last Report

06/16/1995

4. FEI Number

59-2831066

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip

24 34108

Country

25 US

Zip

29 34108

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN ARSDALE, PETER
480 6TH ST S
NAPLES FL 33940

81 Name VAN ARSDALE, PETER

82 Street Address (P.O. Box Number is Not Acceptable)
8843 TAMiami TRAIL N.

83

84 City NAPLES

FL

85 Zip Code

34108

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

Peter H. Van Arsdale

PETER H. VAN ARSDALE 7/1/96

Signature, type, printed name of registered agent and title, if applicable.

(If not, Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VAN ARSDALE, PETER
STREET ADDRESS 305 S. LAKE DR. N
CITY-ST-ZIP NAPLES FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE MR.
1.2 NAME VAN ARSDALE, PETER
1.3 STREET ADDRESS 450 YUCCA RD.
1.4 CITY-ST-ZIP NAPLES FL 3

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter H. Van Arsdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 9415971654
Date Signature Phone #

CR2E034 (3/96)