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 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96293** **(2)**

1. Corporation Name

VACATION TRAVEL, INC.

Principal Place of Business	Mailing Address
% HARRY C. POWELL JR. 1100 WEST HOMESTEAD ROAD LEHIGH ACRES FL 33936	% HARRY C. POWELL JR. 1100 WEST HOMESTEAD ROAD LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1987
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business	2a. Mailing Address
21 1100 Homestead Rd N	26 1100 Homestead Rd N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lehigh Acres, Fl.	28 Lehigh Acres, Fl.
24 Zip 33936	29 Zip 33936
25 County Lee	30 County Lee

4. FEI Number: 65-0031985 — 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 paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, HARRY C. JR. 1100 WEST HOMESTED ROAD LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1100 Homestead Rd N 83 84 City Lehigh Acres FL 85 Zip Code 33936

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	POWELL, HARRY C., JR.	12 NAME	
STREET ADDRESS	1100 WEST HOMESTEAD RD	13 STREET ADDRESS	1100 Homestead Rd N
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP	Lehigh Acres, Fl. 33936
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GOFF, DAVID E.	22 NAME	
STREET ADDRESS	ROUTE 10	23 STREET ADDRESS	
CITY-ST-ZIP	SPARTA TN	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ANGLICKIS, RUTH A.	32 NAME	
STREET ADDRESS	643 GRANDVIEW DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES 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	

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: Harry C Powell 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-369-5848
Telephone number

0034717 CP