

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

MAY 10 1995

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # J96446 (6)

1. Corporation Name
H AND S TRAVEL, INC.

2. Principal Office Location
C/O HANS K. SCHELLENBERG
7603 GUNN HIGHWAY, STE. C
TAMPA FL 33625

3. Mailing Address
C/O HANS K. SCHELLENBERG
7603 GUNN HIGHWAY, STE. C
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1987
3a. Date of Last Report 05/12/1994

4. FEI Number 59-2846495
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 Florida Statutes ☐ Yes ☒ No

2. Principal Office Location
21. State Apt # etc.
22. City & State
23. City & State
24. City & State
25. City & State
26. Mailing Address
27. State Apt # etc.
28. City & State
29. City & State
30. City & State

9. Name and Address of Current Registered Agent

SCHELLENBERG, HANS K.
7603 GUNN HIGHWAY, SUITE C
TAMPA FL 33625

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 607.09(1) and 607.15(1)(b) 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 Sections 607.09(1) and 607.15(1)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
VD
SCHELLENBERG, HANS K.
7603 GUNN HWY., STE. C
TAMPA FL

2. NAME
PD
ARCHER, SANDRA
7603 GUNN HWY., STE. C
TAMPA FL

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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
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100. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in subsection 134.07(1)(b) Florida Statutes. That this is only that the information provided on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of this corporation or that my name or address is provided to persons this report is required by Chapter 134 Florida Statutes, and that my name appears on Block 1 of Block 3 of changed or not attached with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/27/95
(813) 920-5094