

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 12 AM 8:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K17556

(7)

1. Corporation Name:

LEISURE TIME TRAVEL, INC.

Principal Place of Business

% EDWARD RUSSELL JOHNSTON
531 N CITRUS AVE
CRYSTAL RIVER FL 34428
US

Mailing Address

% EDWARD RUSSELL JOHNSTON
531 N CITRUS AVE
CRYSTAL RIVER FL 34428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1988

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2888947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

JOHNSTON, EDWARD RUSSELL
531 N CITRUS AVE
CRYSTAL RIVER FL 34428

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 (8)(b) and 607 (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 Section 607 (8)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME
JOHNSTON, EDWARD RUSSELL
2. STREET ADDRESS
531 N CITRUS AVE
3. CITY, STATE, ZIP
CRYSTAL RIVER FL

4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(b), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath. That I am an officer or director of this corporation, or its registered agent or holding company, and that I am qualified to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on the back of the report. I am changing or correcting information with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

6904
705-3474