

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. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K59728** (1)

1. Corporation Name

FLEETWOOD TRAVEL CORPORATON



Principal Place of Business

Mailing Address

**804 LEE BOULEVARD
P. O. BOX 1105
LEHIGH ACRES FL 33936**

**804 LEE BOULEVARD
P. O. BOX 1105
LEHIGH ACRES FL 33936**

3. Date Incorporated or Qualified

01/11/1989

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**REGAS, MICKI J.
3018 8TH STREET
LEHIGH ACRES FL 33936**

4. FEI Number

65-0095854

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

☒

Yes

☐

No

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 607.0502 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

Signature of registered agent and the corporation

(NOTE: Registered Agent signature required when not submitted by electronic filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐

DELETE

NAME

**P
REGAS, MICKI J.
3018 EIGHTH STREET
LEHIGH ACRES FL**

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

**V
VEDITZ, SHIRLEY
703 FILLMORE
LEHIGH ACRES FL**

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐

Change

☐

Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

☐

Change

☐

Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

☐

Change

☐

Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

☐

Change

☐

Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

☐

Change

☐

Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

☐

Change

☐

Addition

62. NAME

63. STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Micki J. Regas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

Date

941-368-6161

Signature Phone #

CR2E034 (3/96)