

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 10: 03

DOCUMENT # K71201 (3)

1. Corporation Name

LINCOLN TRAVEL, INC.

Principal Place of Business

Mailing Address

~~1774 SAN CARLOS BLVD.~~
~~FT. MYERS FL 33901~~

~~1774 SAN CARLOS BLVD.~~
~~FT. MYERS FL 33901~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1989

3a. Date of Last Report

04/06/1994

4. FEI Number

65-0105162

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

2. Principal Place of Business

21 16521 SAN CARLOS BLVD

Suite, Apt. #, etc.

22 SUITE G

City & State

23 FORT MYERS FL

Zip

24 33908

Country

25 USA

2a. Mailing Address

26 16521 SAN CARLOS BLVD

Suite, Apt. #, etc.

27 SUITE G

City & State

28 FORT MYERS FL

Zip

29 33908

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINCOLN, BONNIE MAE
6518 KESTREL CIRCLE
FORT MYERS FL 33912**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LINCOLN, BONNIE MAE
STREET ADDRESS	6518 KESTREL CIRCLE
CITY - ST - ZIP	FT. MYERS FL
TITLE	T
NAME	LINCOLN, BONNIE MAE
STREET ADDRESS	6518 KESTREL CIRCLE
CITY - ST - ZIP	FT. MYERS FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(b), Florida Statutes. I further 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

3/24/95 (813) 46-6565