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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K87158** **(7)**

1. Corporation Name
YOUR FRIENDLY TRAVEL AGENT, INC.

Principal Place of Business	Mailing Address
1550 MCMULLEN BOOTH RD #F1 CLEARWATER FL 34619-9543	1550 MCMULLEN BOOTH RD #F1 CLEARWATER FL 34619-9543

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21 2907 S.R. 590
Suite, Apt. #, etc: 22 SUITE 5
City & State: 23 CLEARWATER, FL
Zip: 24 34619-2505 Country: 25 USA

2a. Mailing Address
26 2907 S.R. 590
Suite, Apt. #, etc: 27 SUITES
City & State: 28 CLEARWATER, FL
Zip: 29 34619-2505 Country: 30 USA

4. FEI Number: 59-2946713 ☐ 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

9. Name and Address of Current Registered Agent

HAMMOND, WILLIAM A.
1550 MCMULLEN BOOTH RD STE F1
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: WILLIAM A. HAMMOND
82 Street Address (P.O. Box Number is Not Acceptable): 2907 S.R. 590, SUITES
83
84 City: CLEAR WATER **FL** 85 Zip Code: 34619

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: William A. Hammond, WILLIAM A. HAMMOND, PRESIDENT 8/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HAMMOND, WILLIAM A.		1.2 NAME	
STREET ADDRESS	1550 MCMULLEN BOTH RD F1		1.3 STREET ADDRESS	2907 S.R. 590, SUITES
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	DCV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, MARY S.		2.2 NAME	
STREET ADDRESS	100 PIERCE ST 510		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, D. KIRK		3.2 NAME	
STREET ADDRESS	100 PIERCE ST 510		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, MARY S.		4.2 NAME	
STREET ADDRESS	100 PIERCE ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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: William A. Hammond WILLIAM A. HAMMOND, PRESIDENT 8/2/96 813-725-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #