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
1550 MCMULLEN BOOTH RD #F1
CLEARWATER FL 34619-9543

Mailing Address
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 SUITE 5
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, SUITE 5
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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	HAMMOND, WILLIAM A.	
STREET ADDRESS	1550 MCMULLEN BOTH RD F1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DCV	☐ DELETE
NAME	HAMMOND, MARY S.	
STREET ADDRESS	100 PIERCE ST 510	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DV	☐ DELETE
NAME	HAMMOND, D. KIRK	
STREET ADDRESS	100 PIERCE ST 510	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	☐ DELETE
NAME	HAMMOND, MARY S.	
STREET ADDRESS	100 PIERCE ST.	
CITY-ST-ZIP	CLEARWATER FL	
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

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2907 S.R. 590, SUITE 5	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
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)(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 #

CR2E034 (3/96)