

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:27

DOCUMENT # K88239

(4)

1. Corporation Name

BLOOMINGDALE TRAVEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% LARRY B. AVIRETT
817 E BLOOMINGDALE AVE. #1017
BRANDON FL 33511

Mailing Address

% LARRY B. AVIRETT
817 E BLOOMINGDALE AVE. #1017
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1989

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2947801

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVIRETT, LARRY B.
817 E BLOOMINGDALE AVE
#1017
BRANDON FL 33511

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, new agent and the corporation

DATE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

14. I, the undersigned, certify that the information appearing on this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this statement is prepared on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. P. Little / William P. Little

Feb 28 1995 (213) 6846511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date