FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L00002 (0)

1\. Corporation Name

THE PENSACOLA TRAVEL COMPANY, INC.

Principal Place of Business: %SALLY K. STORY, 6010 MONTGOMERY AVE, PENSACOLA FL 32526

Mailing Address: %SALLY K. STORY, 6010 MONTGOMERY AVE, PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 07/05/1989

3a. Date of Last Report: 05/01/1994

4\. FEI Number: 59-2963511 ☐ Applied For ☐ Not Applicable

2\. Principal Office Address
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

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

STORY, SALLY K.
6010 MONTGOMERY AVE
PENSACOLA FL 32526

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 ______ DATE ______

12\. OFFICERS AND DIRECTORS

Field	Value
TITLE	PD
NAME	STORY, SALLY K.
STREET ADDRESS	6010 MONTGOMERY AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	MOORE, JACK
STREET ADDRESS	2732 PLEASANT VALLEY DR.
CITY-ST-ZIP	CANTONMENT FL
TITLE	STD
NAME	MOORE, ELIZABETH
STREET ADDRESS	2732 PLEASANT VALLEY DR.
CITY-ST-ZIP	CANTONMENT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1 TITLE		☐	☐
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		☐	☐
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		☐	☐
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		☐	☐
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐	☐
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		☐	☐
6 NAME			
6 STREET ADDRESS			
6 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally K. Story — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 95 — Date

9044449114 — Daytime Phone

0389602 CP