SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L30948** **(8)**

1. Corporation Name
FLORIDA TRAVELERS GUIDE, INC.

Principal Place of Business	Mailing Address
C/O DAVID R. ARPIN 924 PARKRIDGE CIRCLE WEST JACKSONVILLE FL 32211	C/O DAVID R. ARPIN 924 PARKRIDGE CIRCLE WEST JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21: 6214 Arlington Rd
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, Fla. 32211
24: Zip
25: Country

2a. Mailing Address
26: 6214 Arlington Rd
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, Fla. 32211
29: Zip
30: Country

4. FEI Number: 59-2978124 ☐ 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

6. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARPIN, DAVID R.
924 PARKRIDGE CIRCLE WEST
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: John P. Danglade
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6214 Arlington Rd
84 City: Jacksonville, Fla. FL 85 Zip Code: 32211

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: John P. Danglade — 7/27/95
(Signature of New Registered Agent, if changed, or of the President) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	ARPIN, DAVID R.	12 NAME	President, Secy-Treas & Director
STREET ADDRESS	924 PARKRIDGE CIR. W.	13 STREET ADDRESS	John P. Danglade
CITY ST ZIP	JACKSONVILLE FL	14 CITY - ST ZIP	6214 Arlington Rd., Jacksonville, Fla32211
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	ARPIN, DAVID R.	22 NAME	
STREET ADDRESS	924 PARKRIDGE CIR. W.	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY - ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: John P. Danglade — 7/27/95 — 904-745-0294
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0128043 FP