PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:47

DOCUMENT # L58170 (6)

1. Corporation Name

TROPICAL CONNECTIONS TRAVEL, INC.

Principal Place of Business	Mailing Address
~~542 LONGWOOD CIRCLE~~ ~~OLDSMAR FL 34677~~ 26236 US 19 North Clearwater FL 34621	~~542 LONGWOOD CIRCLE~~ ~~OLDSMAR FL 34677~~ 26236 US 19 North Clearwater FL 34621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

2a. Mailing Address
26 26236 US 19 North
27 Suite, Apt. #, etc.
28 Clearwater FL
29 Zip 34621
30 County

4. FEI Number: 59-2999497 ☐ 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	10. Name and Address of New Registered Agent
SMITH, TERIE ~~542 LONGWOOD CIRCLE~~ ~~2900 US HWY 19 N.,CORPORATE 60.,SUITE 501~~ ~~OLDSMAR FL 34677~~ 26236 US. HWY 19 North Clearwater FL 34621	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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TERIE	11 TITLE	☐ Change ☐ Addition
NAME	MCGILL-SMITH, TERIE	12 NAME	
STREET ADDRESS	542 LONGWOOD CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, PETER J.	22 NAME	
STREET ADDRESS	542 LONGWOOD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR 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	

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: Terie McGill-Smith Terie McGill-Smith 6/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)

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