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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L64753 (1)

**1. Corporation Name:
TRAVEL CONNECTIONS UNLIMITED, INC.**

Principal Place of Business:
C/O JACINTA M. MATHIS
7426 UNIVERSITY BLVD., P.O. BOX 5156
WINTER PARK FL 32792

Mailing Address:
C/O JACINTA M. MATHIS
7426 UNIVERSITY BLVD., P.O. BOX 5156
WINTER PARK FL 32792
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3002545
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 § 190.030, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Delineation: 21
2a. Mailing Address: 26
Suite Apt # etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**CURRY, NESS
150 SPARTAN DR
SUITE 400
MAITLAND FL 32751**

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

Signature of Registered Agent or Representative of the Registered Agent

Signature of Registered Agent or Representative of the Corporation

(Date)

12. OFFICERS AND DIRECTORS

1. NAME: P **CURRY, HILDA**
2. STREET ADDRESS: 7426 UNIVERSITY BLVD.
3. CITY, ST. ZIP: WINTER PARK FL

4. NAME: S **CURRY, HILDA**
5. STREET ADDRESS: 7426 UNIVERSITY BLVD.
6. CITY, ST. ZIP: WINTER PARK FL

7. NAME:
8. STREET ADDRESS:
9. CITY, ST. ZIP:

10. NAME:
11. STREET ADDRESS:
12. CITY, ST. ZIP:

13. NAME:
14. STREET ADDRESS:
15. CITY, ST. ZIP:

16. NAME:
17. STREET ADDRESS:
18. CITY, ST. ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

19. NAME: ☐ Change ☐ Addition
20. STREET ADDRESS:
21. CITY, ST. ZIP:

22. NAME: ☐ Change ☐ Addition
23. STREET ADDRESS:
24. CITY, ST. ZIP:

25. NAME: ☐ Change ☐ Addition
26. STREET ADDRESS:
27. CITY, ST. ZIP:

28. NAME: ☐ Change ☐ Addition
29. STREET ADDRESS:
30. CITY, ST. ZIP:

31. NAME: ☐ Change ☐ Addition
32. STREET ADDRESS:
33. CITY, ST. ZIP:

34. NAME: ☐ Change ☐ Addition
35. STREET ADDRESS:
36. CITY, ST. ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.070 and 190.071, Florida Statutes. I further certify that the information included 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 that I am an authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of the report or certificate of attachment with an address.

SIGNATURE: *Hilda Curry*
NAME AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

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