


FILED

Apr 28 1997 8:00am  
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L76050		(8)			
1. Corporation Name THE WESTMINSTER P.M. TRAVEL CO., INC.					
Principal Place of Business C/O PATRICIA MARGARET EADS 604 N 3RD ST JACKSONVILLE FL 32250			Mailing Address C/O PATRICIA MARGARET EADS 604 N 3RD ST JACKSONVILLE FL 32250-7147		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
25 Country			29 Country		
24			30		
9. Name and Address of Current Registered Agent					
EADS, PATRICIA MARGARET 16 LADYFISH STREET PONTE VEDRA BEACH FL 32082					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
TITLE		PD		1.1 TITLE	
NAME		EADS, PATRICIA MARGARET		1.2 NAME	
STREET ADDRESS		16 LADYFISH STREET		1.3 STREET ADDRESS	
CITY- ST- ZIP		PONTE VEDRA BCH FL		1.4 CITY- ST- ZIP	
TITLE		VS		2.1 TITLE	
NAME		EADS, HAROLD DAVID		2.2 NAME	
STREET ADDRESS		16 LADYFISH ST		2.3 STREET ADDRESS	
CITY- ST- ZIP		PONTE VIEDRA BCH FL		2.4 CITY- ST- ZIP	
TITLE		T		3.1 TITLE	
NAME		EADS, DAVID		3.2 NAME	
STREET ADDRESS		16 LADYFISH STREET		3.3 STREET ADDRESS	
CITY- ST- ZIP		PONTE VEDRA BEACH FL		3.4 CITY- ST- ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY- ST- ZIP				4.4 CITY- ST- ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY- ST- ZIP				5.4 CITY- ST- ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY- ST- ZIP				6.4 CITY- ST- ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Patricia M. Eads					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)