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FILED
Mar 25 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 # L95741 **(9)**

1. Corporation Name
SEBASTIAN TRAVEL AND TOURS, INC.

Principal Place of Business
13600 US HWY 1
SEBASTIAN FL 32958

Mailing Address
13600 US HWY 1
SEBASTIAN FL 32958-3200

2. Principal Place of Business
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

3. Date Incorporated or Qualified: 08/24/1990
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-3022446 ☐ 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

~~PROSSER, WANDA~~
~~13600 US HWY 1~~
~~SEBASTIAN FL 32958~~
Loughlin, DENA

10. Name and Address of New Registered Agent

81 Name: Loughlin, DENA
82 Street Address (P.O. Box Number is Not Acceptable): 13-600 N US Hwy 1 <Work>
83 <14510 117TH St Fellsmere Fl 32948 <Home>>
84 City: SEBASTIAN FL
85 Zip Code: 32958

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: Dena Loughlin <DENA Loughlin> 3/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, LESLIE		1.2 NAME		
STREET ADDRESS	11105 ROSELAND RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOSKIN, LUCY K		2.2 NAME		
STREET ADDRESS	5055 N A1A 705 C		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LOUGHLIN, CAMILLE		3.2 NAME	Loughlin, CAMILLE	
STREET ADDRESS	419 SW QUARRY LN		3.3 STREET ADDRESS	6165 S. MIRROR LAKE DR.	
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP	SEBASTIAN, Fl 32958	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LOUGHLIN, DENA		4.2 NAME	Loughlin, DENA	
STREET ADDRESS	873 WENTWORTH ST		4.3 STREET ADDRESS	14510 117TH ST	
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP	Fellsmere, Fl	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PROSSER, WANDA		5.2 NAME		
STREET ADDRESS	44 ISTA GARDEN #202		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RIDENOUR, PATRICIA		6.2 NAME	RIDENOUR, PATRICIA	
STREET ADDRESS	55300 JEWELL RD		6.3 STREET ADDRESS	55300 JEWELL RD	
CITY-ST-ZIP	UTICA MI		6.4 CITY-ST-ZIP	SHELBY Township, Mich.	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Dena Loughlin DENA Loughlin 3/17/97 561-589-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #