FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY 31 AM 8:06

DOCUMENT # **M94874** **(8)**

1. Corporation Name
PERSONS - LANDSEE TRAVEL, INC.

Principal Place of Business	Mailing Address
150-2ND AVENUE NORTH, 12TH FLOOR ST. PETERSBURG FL 33701-3339	150-2ND AVENUE NORTH, 12TH FLOOR ST. PETERSBURG FL 33701-3339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1988
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 52-1588444 ☐ 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

LADD, MARGARET C
501 - 1ST AVENUE NORTH, #101
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	D	11 TITLE	SAME	☑ Change ☐ Addition
NAME	FLYNN, HAROLD J.	12 NAME	FLYNN HAROLD J.	
STREET ADDRESS	~~150-2ND AVE N 12TH~~ FL	13 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	ST. PETERSBURG FL 33702	
TITLE	D	21 TITLE	SAME	☐ Change ☐ Addition
NAME	FLYNN, JUDITH C.	22 NAME	SAME	
STREET ADDRESS	~~150-2ND AVE N 12TH FL~~	23 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	ST. PETERSBURG FL 33702	
TITLE	VP	31 TITLE	SAME	☐ Change ☐ Addition
NAME	LADD, MARGARET C.	32 NAME	SAME	
STREET ADDRESS	~~150-2ND AVE N 12TH~~ FL	33 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	ST PETERSBURG FL 33702	
TITLE	~~S~~	41 TITLE	VP	☑ Change ☐ Addition
NAME	MORTHAM, KAREN	42 NAME	MORTHAM KAREN	
STREET ADDRESS	150 2ND AVENUE NORTH, 12TH FLOOR	43 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP	ST PETERSBURG FL 33701	44 CITY ST ZIP	ST PETERSBURG FL 33702	
TITLE		51 TITLE	P	☐ Change ☑ Addition
NAME		52 NAME	GARY REED	
STREET ADDRESS		53 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP		54 CITY ST ZIP	ST PETERSBURG FL 33702	
TITLE		61 TITLE	CHAPTER 11 TRUSTEE	☐ Change ☑ Addition
NAME		62 NAME	LARRY COPPEL	
STREET ADDRESS		63 STREET ADDRESS	8950 9TH ST N	
CITY ST ZIP		64 CITY ST ZIP	ST PETERSBURG FL	

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: KAREN MORTHAM VP FINANCE 5/22/95 813-578-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306831 CP