

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40525

(0)

1. Corporation Name

TIME TRAVELERS, INC.

Principal Place of Business

**372 E. SEMORAN
CASSELBERRY FL 32707**

Mailing Address

**401 E SEMORAN BLVD
CASSELBERRY FL 32707**



3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3040910

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

**TODD MCAULIFF
401 E. SEMORAN BLVD
CASSELBERRY FL 32707**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

**D
TODD MCAULIFF
401 E SEMORAN
CASSELBERRY FL 32707**

1.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

**D
DURS, JAMES J
71 CATALINA DR.
DEBARY FL**

1.2 NAME ☐ Change ☒ Addition

TITLE ☒ DELETE

**D
BAUDER, STEVE
2416 ELM AVE.
SANFORD FL**

1.3 STREET ADDRESS ☐ Change ☒ Addition

TITLE ☐ DELETE

**D
STADIG, LEE
111 SHANNON DR
SANFORD FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.2 NAME ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *Todd McAuliff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2/21/96

Date

407-767-

8279

Daytime Phone #

CR2E037 (12/95)