FILE NOW: FILING FEE IS \$61.25 FLORIDA DEPARAMENT OF STATE NONPROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N95000000246 (7) DOCUMENT # NWFLD TRAVEL TEAM INC. Bootens DOIPHINS Mailing Address Principal Place of Business 407 SHORELINE DR. 407 SHORELINE DR. **GULF BREEZE FL 32561 GULF BREEZE FL 32561** 3. Date Incorporated or Qualified 01/17/1995 3a. Date of Last Report JAN 18, 1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3382686 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional uite, Apt. #, etc. 403 DOLPHIN St Ø 5. Certificate of Status Desired 403 DOLPHIN ST Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes X No U.S. Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name DDN PRICE
Street Address (P.O. Box Number is Not Acceptable) KIKER, JACK E 82 DOLPHIN 407 SHORELINE DR. 83 GULF BREEZE FL 32561 City GULF Zp 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 objections of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature Mad Contact and Co (NOTE: Registered Agent signature required when ruinstating) (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. P/D/RA DON PRICE Addition ☐ Change DELETE 1.1 TITLE TITLE CR2E037 SONNY HOLLEY 3229 COPPER RIDGE CIR 1.2 NAME NAME 403 DOLPINST 1.3 STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32561 CANTONNENT, FLA 32533 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 1/0 Change 21 TITLE TITLE 22 NAME JACK KIKER ALLEN BUNT NAME 407 SHORELINE DK. 96 CHANTECLAIRE CIR. 23 STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 2 4 CITY-ST-ZIP CITY-ST-ZIP **SX** Addition DELETE Change 3 1 TITLE TATLE LISA KOSTIC 204 PALMETTO 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS BULF BREEZE, FL 32561 3 4. CITY - S1 - ZIP CITY-S1-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 21P CITY - ST - ZIP ვ<u>იიი</u>18729¶ულ ☐ Addition DELETE 6.1 TITLE 62 NAME -06/24/96--01028--027 6.3 STREET ADDRESS 112 STREET ADDRESS ***70.00 6.4 CITY - ST - ZIP CITY-ST-2IP 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 greator of the proposation 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 18 if change

Daytime Phone #

28 APR 96

904-934-5773