FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P34613** **(0)**

1. Corporation Name

DILLARD TRAVEL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 486 LITTLE ROCK AR 72203-0486	P.O. BOX 486 LITTLE ROCK AR 72203-0486

3. Date Incorporated or Qualified: **07/01/1991**

3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **71-0523141** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 _____ (Signature, typed or printed name of Registered Agent and title, if applicable) (Name of New Registered Agent, if applicable, typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, WILLIAM, II		1.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, ALEX		2.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, LEONARD		3.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DARR, JAMES E., JR.		4.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, JOHN		5.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, JAMES I.		6.2 NAME		
STREET ADDRESS	1600 CANTRELL ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: John Hawkins John Hawkins 4-30-96 (501)376-5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Dillard Travel, Inc.
Florida Corporation Annual Report
Officers & Directors
1996

12.	OFFICERS AND DIRECTORS
7.1 TITLE	V/S
7.2 NAME	Nelson, Steven, K.
7.3 ADDRESS	1600 Cantrell Road
7.4 CITY, STATE, ZIP	Little Rock, Arkansas 72203