SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 AUG -8 PM 2:43

DOCUMENT # P92000005138 (2)

1. Corporation Name
VISITORS SERVICES, INC.

Principal Place of Business	Mailing Address
100 2ND AVE. S. SUITE 1102 ST. PETERSBURG FL 33701 US	100 2ND AVE. S. SUITE 1102 ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0374809 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
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
GORDON, ROBERT 100 2ND AVE. S. SUITE 1100 ST. PETERSBURG FL 33701	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 _____ 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	~~PD~~	1.1 TITLE	CHAIRMAN/ DIRECTOR	☒ Change ☐ Addition
NAME	GORDON, ROBERT P	1.2 NAME		
STREET ADDRESS	234 21ST AVE NE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	AVILA, JOSEPH	2.2 NAME		
STREET ADDRESS	5277 ISLA KEY BLVD, #320	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEDEL, ROBERT	3.2 NAME		
STREET ADDRESS	7608 PINE HAVEN CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	VP/D	4.1 TITLE		☐ Change ☐ Addition
NAME	LEO PARISI	4.2 NAME		
STREET ADDRESS	115 1ST STREET EAST, #7	4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JAMES F. GORDON	5.2 NAME		
STREET ADDRESS	360 SORRENTO RANCHES DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAISOMAS, FL 34275	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL J. HARLEY	6.2 NAME		
STREET ADDRESS	11319 GLENMONT DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Robert P. Gordon ROBERT P. GORDON 8-2-95 813-895-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010108 CP