FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 3:07
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000012796 (7)

1. Corporation Name

A-1 TRAVEL OF BRADENTON, INC.

Principal Place of Business	Mailing Address
515-36TH STREET, W BRADENTON FK 34205 US	515-36TH ST., W BRADENTON FK 34205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1993	06/30/1994

4. FEI Number: 65-0384129 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MABRY, BYRON C. 515-36TH ST., W. BRADENTON FL 34209	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	MABRY, BYRON C	
STREET ADDRESS	515-36TH ST., W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	TD ☒ Change ☐ Addition
NAME	~~MOLLANAZAR, BARBARA~~	SHIRLEY, PATRICIA
STREET ADDRESS	~~420 18TH STREET NW~~	827 HILLCREST DR
CITY-ST-ZIP	~~BRADENTON FL 34205~~	BRADENTON, FL
TITLE	SD	☐ Change ☐ Addition
NAME	MABRY, DIANE A	
STREET ADDRESS	515-36TH STREET, W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	☐ Change ☐ Addition
NAME	SHIRLEY, WILLIAM O	
STREET ADDRESS	827 HILLCREST DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, 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 the 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 or is attached with an address.

SIGNATURE: [signature] 5-1-95 (813)746-4646

BYRON C. MABRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE

0337042 CP