

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012796 (7)

1. Corporation Name

A-1 TRAVEL OF BRADENTON, INC.



Principal Place of Business

515-36TH STREET, W.
BRADENTON FL 34205
US

Mailing Address

515-36TH ST., W.
BRADENTON FL 34205
US

3. Date Incorporated or Qualified
03/04/1993

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

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

Signature of prior or printed name of new registered agent (if applicable)

Signature of Registered Agent (Signature required after first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MABRY, BYRON C	
STREET ADDRESS	515-36TH ST., W.	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	TD	☐ DELETE
NAME	SHIRLEY, PATRICIA	
STREET ADDRESS	827 HILLCREST DR	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	SD	☐ DELETE
NAME	MABRY, DIANE A	
STREET ADDRESS	515-36TH STREET, W.	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	VD	☐ DELETE
NAME	SHIRLEY, WILLIAM O	
STREET ADDRESS	827 HILLCREST DR.	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed; or, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (941) 746-4646

CR2E034 (12/95)