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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

May 01 1998 8:00am

Secretary of State

DOCUMENT # P93000020157 (2)

TRAVEL OF SPRINGHILL, FL INC.

Place of Business	Mailing Address	f and lengt ing indice time notice de lie dotte and i dotte tien dandt biedt beite tant
RINER BLVD ILL FL 34609	4247 MARINER BLVD Springhill Fl 34809	50 NOT NEVE II THE SPACE

Principal 4247 MJ **SPRING!** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3167314 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VOELKER, LINDA 4247 MARINER BLVD Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34809 City provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered red 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 liker with, and accept the obligations of, Section 607.0505, Florida Statutes. OTE Registered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TALE ZALESKI, ANNETTE NAME 1.2 NAME 10131 VANCOUVER RD. STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VOELKER, UNDA NAME 22 NAME 4077 MONTANO AVE STREET ADDRESS 2.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 41 TITLE T(T) F 4 2 NAME MALAF 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** City-St-2W

14. I hereby certify that the information supplied with this filing 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.

nda beeker

4-22-98 (352)686-4690