

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000023895 (4)

1. Corporation Name

STATEWIDE TRAVEL SERVICES, INC.

Principal Place of Business

**124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

Mailing Address

**124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

06/13/1994

4. FEI Number

59-3176646

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

**HARRIS, CYRUS W II
124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**HARRIS, CYRUS W II
124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

**HARRIS, GERARD D
124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**HARRIS, SEAMUS E
124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

**HARRIS, C.W. SR.
124 MIRACLE STRIP PKWY SE
FT WALTON BEACH FL 32548**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - 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 - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**DELETE PERSON &
POSITION**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**DELETE PERSON &
POSITION**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

S.T.D

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Here

4-5-95 244-2111