

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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001485264
-05/12/95--01020--003
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000043031 (2)
1. Corporation Name
~~TRAVELING FREE PUBLICATIONS, INC.~~ } THE THRIFTY TRAVELER, INC.
An amendment was filed.

Principal Place of Business Mailing Address
3054 PRESTIGE DR. CLEARWATER FL 34619 3054 PRESTIGE DR. CLEARWATER FL 34619

3. Date Incorporated or Qualified 06/10/1993 3a. Date of Last Report 08/09/1994
4. FEI Number 59-3195045 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 PO Box 8168
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 CLEARWATER, FL
24 Zip 25 Country 29 34618 30 U.S.A.

9. Name and Address of Current Registered Agent
VANMEER, MARY
3054 PRESTIGE DR.
CLEARWATER FL 34619

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

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: *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST VANMEER, MARY 3054 PRESTIGE DR. CLEARWATER FL 34619	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Van Meer, President* 4-27-95 813-791-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR