

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066920 (8)**

1. Corporation Name
ABSOLUTE TRAVEL, INC.

Principal Place of Business
**106 SOUTH MAIN STREET
INVERNESS FL 34450**

Mailing Address
**106 SOUTH MAIN STREET
INVERNESS FL 34450**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3203058** 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

7. This corporation has liability for intangible tax under S. 100.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POE, GARY A
106 SOUTH MAIN STREET
INVERNESS FL 34450**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BASS, SAMUEL J
STREET ADDRESS	18971 S.W. 93RD LOOP
CITY - ST - ZIP	DUNNELLON FL 34432
TITLE	VD
NAME	ST. CLAIR, RICHARD
STREET ADDRESS	3003 SOUTH JEAN AVE.
CITY - ST - ZIP	INVERNESS FL 34450
TITLE	SD
NAME	ST. CLAIR, MARY
STREET ADDRESS	3003 SOUTH JEAN AVE.
CITY - ST - ZIP	INVERNESS FL 34450
TITLE	TD
NAME	CALDWELL, JACQUELINE W
STREET ADDRESS	18971 S.W. 93RD LOOP
CITY - ST - ZIP	DUNNELLON FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 appointed 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 St. Clair**

Mary St. Clair
SIGNING OFFICER OR DIRECTOR

1-10-95

637-9009

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #