

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 # 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

04/17/1995

4. FET Number

59-3203058

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

9. Name and Address of Current Registered Agent

POE, GARY A
106 SOUTH MAIN STREET
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

MARY St. Clair

82 Street Address (P.O. Box Number is Not Acceptable)

106 US Highway 41 S

83

84 City

INVERNESS

FL

85 Zip Code
34450

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

MARY St. Clair Mary St. Clair Managing Director

3-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BASS, SAMUEL J
STREET ADDRESS 18971 S.W. 93RD LOOP
CITY-ST-ZIP DUNNELLON FL 34432 ☒ DELETE

TITLE VD
NAME ST. CLAIR, RICHARD
STREET ADDRESS 3003 SOUTH JEAN AVE.
CITY-ST-ZIP INVERNESS FL 34450 ☐ DELETE

TITLE SD
NAME ST. CLAIR, MARY
STREET ADDRESS 3003 SOUTH JEAN AVE.
CITY-ST-ZIP INVERNESS FL 34450 ☐ DELETE

TITLE TD
NAME CALDWELL, JACQUELINE W
STREET ADDRESS 18971 S.W. 93RD LOOP
CITY-ST-ZIP DUNNELLON FL 34432 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 D ☒ Change ☐ Addition
2.2 NAME St. Clair, RICHARD W.
2.3 STREET ADDRESS 3824 S. OWEN Trail
2.4 CITY-ST-ZIP INVERNESS, FL. 34450

3.1 TITLE M ☒ Change ☐ Addition
3.2 NAME St. Clair, Mary
3.3 STREET ADDRESS 3824 S. OWEN Trail
3.4 CITY-ST-ZIP INVERNESS, FL. 34450

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:

RICHARD W. St. Clair

Richard W. St. Clair
Director

Date

3/26/96

(352) 637-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)