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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34450-4853

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for in-
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

MARY ST. CLAIR
106 US HIGHWAY 41, S
INVERNESS FL 34450

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

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

1.2 NAME

1.3 STREET ADDRESS D
ST. CLAIR, RICHARD
3824 S OWEN TRAIL
CITY - ST - ZIP INVERNESS FL

1.4 CITY - ST - ZIP

2.1 TITLE SD
NAME ST. CLAIR, MARY
STREET ADDRESS 3824 S OWEN TRAIL
CITY - ST - ZIP INVERNESS FL

2.2 NAME

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

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE President

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE S/T

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Mary St. Clair / Mary St. Clair 3/13/97 (352) 637-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0440576

CR2E034 (9/96)