

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084723 (4)

1. Corporation Name

ROAD RUNNER TRAVEL RESORT, INC.



Principal Place of Business

5500 ST. LUCIE BLVD.
FORT PIERCE FL 34946

Mailing Address

5500 ST. LUCIE BLVD.
FORT PIERCE FL 34946

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MINIX, MARILYN
5500 ST. LUCIE BLVD.
FT. PIERCE FL 34946

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0498708

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

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent Signature requires notarization)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT ☐ DELETE

NAME MINIX, MARILYN J
STREET ADDRESS 5500 ST. LUCIE BLVD.
CITY-ST-ZIP FT. PIERCE FL

TITLE DP ☐ DELETE

NAME MINIX, JAMES I
STREET ADDRESS 5500 ST. LUCIE BLVD.
CITY-ST-ZIP FT. PIERCE FL

TITLE S ☒ DELETE

NAME MILLIRON, JEANNA
STREET ADDRESS 5500 ST. LUCIE BLVD.
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE ☐ DELETE

NAME set Theresa Fowler
STREET ADDRESS 5500 St. Lucie Blvd.
CITY-ST-ZIP Ft Pierce, FL 34946

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN Minix 1/13/96

Date Daytime Phone #

CR2E034 (12/95)