

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 JAN 19 AM 10:23

DOCUMENT # **P94000019911 (4)**

1. Corporation Name

**PLD TRAVEL MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

2555 S ATLANTIC AVE UNIT 1604  
DAYTONA BEACH FL 32118

2555 S ATLANTIC AVE UNIT 1604  
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/10/1994

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 251351

4. FEI Number

Applied For

Not Applicable

59-3247375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27

Holly Hill, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28

32125-1351

Country

Volusia

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, PATTY L  
2555 S ATLANTIC AVE UNIT 1604  
DAYTONA BEACH FL 32118

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATTY L	1.2 NAME	
STREET ADDRESS	2555 S ATLANTIC AVE UNIT 1604	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS R	2.2 NAME	
STREET ADDRESS	2555 S ATLANTIC AVE UNIT 1604	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENKE, MELLISA D	3.2 NAME	
STREET ADDRESS	828 TWIN OAKS CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLY HILL FL 32117	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), Florida Statutes. I further certify that the information included 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 in the manner or location designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 3 if changed, or as an attachment with an address.

SIGNATURE: *Patty Lee Davis* *Patty Lee Davis* 1-13-95 904.760-9104