

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000064514 (0)

1. Corporation Name
P.R.O.P. TOUR, INC.



Principal Place of Business
POST OFFICE BOX 37
LAKE HAMILTON FL 33851

Mailing Address
POST OFFICE BOX 37
LAKE HAMILTON FL 33851

3. Date Incorporated or Qualified 08/29/1994 3a. Date of Last Report 03/28/1995

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

4. FEI Number 65-0527531

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAUGHN, RICHARD E
255 MAGNOLIA AVENUE
WINTER HAVEN FL 33880

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 of the person submitting this statement to the Department

(If filer Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	GILLMAN, BOB	40 SUNSET DRIVE, UNIT 6	BASALT CO 81621	
D	GARBRECHT, GARY	POST OFFICE BOX 7 N/A	LAKE HAMILTON FL 33851	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
1	1 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	
2	2 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	
3	3 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	
4	4 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	
5	5 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	
6	6 NAME	63 STREET ADDRESS	64 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

ROBERT GILLMAN

2/15/96

870-927-4123

CR2E034 (12/95)