**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT
CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:31

DOCUMENT # **P94000065122 (1)**

1. Corporation Name
**UNIVERSITY TRAVEL OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 443 VALLEY STREAM DRIVE<br>GENEVA<br>ORLANDO FL 32732 | 443 VALLEY STREAM DRIVE<br>GENEVA<br>ORLANDO FL 32732 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 1759 W. Broadway | 2a. Mailing Address<br>26 1759 W. Broadway |
| Suite, Apt. #, etc.<br>22 Suite 7 | Suite, Apt. #, etc.<br>27 Suite 7 |
| City & State<br>23 Oviedo, Fl. | City & State<br>28 Oviedo, Fl. |
| Zip / Country<br>24 32765 25 USA | Zip / Country<br>29 32765 30 USA |

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3266798 ☐ 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
7. This corporation has liability for corporate tax under s. 220.02 Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PAPPAS, PETER C<br>225 E. ROBINSON ST.<br>SUITE 540<br>ORLANDO FL 32801 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
(Signature, type or printed name of Registered Agent and the date of signature) (NOTE: Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☑ Addition<br>Secretary |
| NAME | SAPP, NANCY | 12 NAME | Shumaker, Janet |
| STREET ADDRESS | 443 VALLEY STREAM DR., GENEVA | 13 STREET ADDRESS | 1020 Nancy Circle |
| CITY-ST-ZIP | ORLANDO FL 32732 | 14 CITY-ST-ZIP | Winter Springs, Fl. 32708 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(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:** Nancy A. Sapp, President 6-6-95 407-366-5050
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP