FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

1995 MAY -1 AM 7:44

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088912 (8)**

1. Current Name

SEMINOLE TRAVEL SERVICE, INC.

Principal Office Address	Mailing Address
609 S. YOUNG STREET ORMOND BEACH FL 32174	609 S. YOUNG STREET ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Form Received or Qualified: 12/07/1994

3a. Date of Last Report:

2. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

City & State — 23

City & State — 28

24 | 25 | 29 | 30

4. FEI Number: 59-3286092 ☐ 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 is subject to chapter 617, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUSHING, NANCY
609 S. YOUNG STREET
ORMOND BEACH FL 32174

10. Name and Address of ~~New~~ Registered Agent - SAME

81 Name: ~~FRANK E SABATINO~~ NANCY CUSHING

82 Street Address (P.O. Box Number is Not Acceptable): 16 SUNRISE AVE

83

84 City: ORMOND BEACH FL 85 Zip Code: 32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: Nancy Cushing NANCY CUSHING MAY 1, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	CUSHING, NANCY	12 NAME	
13 STREET ADDRESS	16 SUNRISE AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	ORMOND BEACH FL 32176	14 CITY ST ZIP	
21 TITLE	DVT	21 TITLE	☐ Change ☐ Addition
22 NAME	SABATINO, FRANK E	22 NAME	
23 STREET ADDRESS	16 SUNRISE AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	ORMOND BEACH FL 32176	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I 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 above, if applicable.

SIGNATURE: Nancy Cushing NANCY CUSHING MAY 1, 1995 904-677-0200

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Daytime Phone Number

0010847 CP