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 # **P94000088912 (8)**

1. Corporation Name

SEMINOLE TRAVEL SERVICE, INC.

Principal Place of Business
609 S. ~~YOUNG~~ YONGE STREET
ORMOND BEACH FL 32174

Mailing Address
609 S. ~~YOUNG~~ YONGE STREET
ORMOND BEACH FL 32174

2. Principal Place of Business
21 609 South Yonge Street
Suite, Apt. #, etc.
22
City & State
23 Ormond Beach FL
Zip 24 32174 Country 25 USA

2a. Mailing Address
26 609 South Yonge St.
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach FL
Zip 29 32174 Country 30 USA

3. Date Incorporated or Qualified: 12/07/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: NOT ~~CURRENT~~ → 59-3283092 Correct # 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUSHING, NANCY
16 ~~609~~ SUNRISE AVE.
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name: Cushing, Nancy
82 Street Address (P.O. Box Number is Not Acceptable)
83 16 Sunrise Avenue
84 City: Ormond Beach FL 85 Zip Code: 32176

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named entity 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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CUSHING, NANCY	
STREET ADDRESS	16 SUNRISE AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DVT	☐ DELETE
NAME	SABATINO, FRANK E	
STREET ADDRESS	16 SUNRISE AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is absolutely true and accurate 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 Cushing Nancy Cushing 3/28/96 904-677-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #