

**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 # P95000022250**  
1. Corporation Name

**TRAVEL AUTHORITY EXPRESS, INC.**

Principal Place of Business

Mailing Address

**9846 U.S. Highway 441  
Leesburg, Florida 34788**

3. Date Incorporated or Qualified  
**March 17, 1995**

3a. Date of Last Report

4. FEI Number  
**59-3304179**

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

2. Principal Place of Business

**9846 US Highway 441**

Suite, Apt. #, etc.

2a. Mailing Address

**PO Box 895007**

Suite, Apt. #, etc.

22 City & State

**Leesburg, FL**

Zip

**34788**

Country

**Lake**

27 City & State

**Leesburg, FL**

Zip

**34789**

Country

**Lake**

9. Name and Address of Current Registered Agent

**John D. McLeod, Jr.  
9846 US Highway 441  
Leesburg, Florida 34788**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman, Secretary	<input type="checkbox"/> DELETE
NAME	JOHN D. McLEOD, JR	
STREET ADDRESS	9846 US Highway 441	
CITY-STATE-ZIP	Leesburg, FL 34788	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Deborah Dix	
STREET ADDRESS	165 Wekiva Springs Rd., Ste 119	
CITY-STATE-ZIP	Longwood, FL 32778	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Sherry S. McLeod	
STREET ADDRESS	9846 US Highway 441	
CITY-STATE-ZIP	Leesburg, FL 34788	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**200001835882**

**05/23/96-01006-040**

**\*\*\*225.00**

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:

*Deborah Dix*  
Deborah Dix, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/15/96**

**407-862-4300**

Date

Daytime Phone #

CR2E034 (12/95)