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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025177 (3)

1. Corporation Name

GLOBE TROTTER TRAVEL, INC.



Principal Place of Business

Mailing Address

911 CHESTNUT STREET
CLEARWATER FL 34617

P.O. BOX 1368
CLEARWATER FL 34617-1368

2. Principal Place of Business

2a. Mailing Address

21 2957 West Bay Drive

26 2957 West Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Belleair Bluffs, FL

28 Belleair Bluffs, FL

24 Zip

Country

29 Zip

Country

34640

U.S.A.

34640

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER FL 34617

81 Name
James C. Gibson

82 Street Address (P.O. Box Number is Not Acceptable)
2957 West Bay Drive

83

84 City
Belleair Bluffs,

FL

85 Zip Code
34640

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2.2.96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

1 TITLE ☐ Change ☐ Addition

NAME James C. Gibson

12 NAME

STREET ADDRESS 2957 West Bay Drive

13 STREET ADDRESS

CITY, ST, ZIP Belleair Bluffs, FL 34640

14 CITY-ST-ZIP

TITLE ☐ DELETE

2 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

3 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

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, typed or printed name of signing officer or director)

Date

Daytime Phone #

2.2.96

(813) 585-8540

CR2E034 (12/95)