## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

904-826-0464

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079446 (6)

TOUR PAK, INC.

SIGNATURE:

Mailing Address Principal Place of Business 3270 MONUMENT BAY ROAD 3270 MONUMENT BAY ROAD ST. AUGUSTINE FL 32092-0588 ST. AUGUSTINE FL 32092 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, ☑ Yes □ No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MATLOCK, LEANN 3270 MONUMENT BAY ROAD Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32092 83 84 City Zip Code 85 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 by Jacob By carborate livet rise on the gottered agent and other applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition  $\Pi \cup E$ n 1.2 NAME NAME Metzger, Nancy STREET ADDRESS 3270 MONUMENT BAY ROAD 1.3 STREET ADDRESS ST. AUGUSTINE FL 32092 1.4 CITY - ST - ZIP CITY - S1 - ZIP DELETE Change Addition THUS 2.1 TITLE MATLOCK, LEANN 2.2 NAME NAM: 600 3270 MONUMENT BAY ROAD 2.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 2. 4 CITY-ST-ZIP C(T) - ST - Z(P) DELETE 3.1 TITLE Change Addition THILE 3.2 NAME NAME MATLOCK, LEMOYNE STREET ADDRESS 3270 MONUMENT BAY ROAD 3.3 STREET ADDRESS ST. AUGUSTINE FL 32092 3.4. CITY - ST-ZIP CitY - ST - ZiP Addition DÉLETE Change TOTAL 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET APPRIESS 4.4 CITY - ST - ZIP CITY- ST. ZIP Addition ☐ DELETE Change 5.1 TITLE DIME NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHY-ST-Z# 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TIBLE VALIE 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 13 if chapter 607 or on an attachment with an address.