

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086086 (1)

1. Corporation Name

TRADE WINDS TRAVEL, INC.

Principal Place of Business

94 KENTUCKY AVENUE
LYNN HAVEN FL 32444

Mailing Address

94 KENTUCKY AVENUE
LYNN HAVEN FL 32444-1280



3. Date Incorporated or Qualified

10/17/1996

3a. Date of Last Report

4. FEI Number

59-3411270

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

21 1602 OHIO AVE

Suite, Apt. #, etc.

22

City & State

23 LYNN HAVEN, FL

Zip

24 32444

Country

25 U.S.A

2a. Mailing Address

26 1602 OHIO AVE

Suite, Apt. #, etc.

27

City & State

28 LYNN HAVEN, FL

Zip

29 32444

Country

30 U.S.A

9. Name and Address of Current Registered Agent

SAMSON, ANITA
94 KENTUCKY AVENUE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

ANITA SAMSON

82 Street Address (P.O. Box Number is Not Acceptable)

1602 OHIO AVE

83

LYNN HAVEN, FL

84 City

FL

85

Zip Code
32444

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 agent, 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

Anita Samson Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|--------|
| TITLE | D | DELETE |
| NAME | SAMSON, ANITA | |
| STREET ADDRESS | 94 KENTUCKY AVENUE | |
| CITY-ST-ZIP | 1602 OHIO AVE LYNN HAVEN, FL 32444 | |
| 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

| | | | |
|--------------------|----------------------|--------|----------|
| 1.1 TITLE | ANITA SAMSON | Change | Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 1602 OHIO AVE | | |
| 1.4 CITY-ST-ZIP | LYNN HAVEN, FL 32444 | | |
| 2.1 TITLE | | Change | Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita Samson ANITA SAMSON - PRES 2/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)