

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 # S03965 (8)

1. Corporation Name

DAVIS WORLD TRAVEL, INC.



Principal Place of Business

4522 HWY 20 E.
NICEVILLE FL 32578

Mailing Address

4522 HWY 20 E.
NICEVILLE FL 32578

3. Date Incorporated or Qualified
09/28/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 4456 HUNTINGTON CIR
Suite, Apt. #, etc.

2a. Mailing Address

26 4456 HUNTINGTON CIR
Suite, Apt. #, etc.

4. FEI Number

59-3045862

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

City & State

23 NICEVILLE, FL

City & State

28 NICEVILLE, FL

Zip

24 32578

Country

25 OKLAHOMA

Zip

29 32578

Country

30 OKLAHOMA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON, JEAN M.

4522 HWY 20 E
NICEVILLE FL 32578

4456 HUNTINGTON CIR
NICEVILLE, FL
32578

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME THOMSON, JEAN M.
STREET ADDRESS 613 BIRKDALE CIR
CITY-ST-ZIP NICEVILLE FL

TITLE DVPT ☐ DELETE
NAME THOMSON, ROBERT W
STREET ADDRESS 4400 HWY 20 EAST STE. 403
CITY-ST-ZIP NICEVILLE FL

TITLE DS ☐ DELETE
NAME DAVIS, JOHN T
STREET ADDRESS 613 BIRKDALE CIRCLE
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
4456 HUNTINGTON CIRCLE
NICEVILLE, FL 32578

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
4456 HUNTINGTON CIRCLE
NICEVILLE, FL 32578

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition
3 CEDAR RIDGE
NICEVILLE, FL 32578

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: ROBERT W. THOMSON / Robert W. Thomson

4/26/96 904-678-8206
Daytime Phone

CR2E034 (12/95)