

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06093** (6)

1. Corporation Name
EDUCATIONAL TOURS & TRAVEL ASSOCIATION, INC.

Principal Place of Business Mailing Address
6727 1ST AVENUE SOUTH SUITE 105 ST. PETERSBURG FL 33707-1340

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/02/1990** 3a. Date of Last Report **07/28/1994**

4. FEI Number **59-3034884** 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 G. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 6036 CENTRAL AVE 26 6036 CENTRAL AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
23 ST. PETE FL 28 ST. PETE FL

Zip Country Zip Country
24 33707 25 USA 29 33707 30

9. Name and Address of Current Registered Agent

**CROSSMAN, LLOYD D.
6727 1ST AVENUE SOUTH
SUITE 105
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name **LLOYD D. CROSSMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **6036 CENTRAL AVE**
83
84 City **ST. PETE** FL 85 Zip Code **33707**

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 *Lloyd D. Crossman, Pres.* **LLOYD D. CROSSMAN** President 4-17-95

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DUGGAN, DAVID H.** *DELETE*
STREET ADDRESS **6727 1ST AVENUE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **D**
NAME **CROSSMAN, LLOYD D.** *DELETE*
STREET ADDRESS **6727 1ST AVENUE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS **6036 CENTRAL AVE**
1 4 CITY - ST - ZIP **ST. PETE, FL 33707**

2 1 TITLE **D P** Change Addition
2 2 NAME **CROSSMAN, LLOYD D.**
2 3 STREET ADDRESS **6036 CENTRAL AVE**
2 4 CITY - ST - ZIP **ST. PETE, FL 33707**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Lloyd D. Crossman, Pres.*
LLOYD D. CROSSMAN

4-17-95 347-3690