

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FLORIDA: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:59

DOCUMENT # S09355 (6)

1. Corporation Name

ACCENT TRAVEL & TOURS, INC.

Principal Place of Business

401 FIRST STREET S
WINTER HAVEN FL 33880
US

Mailing Address

795 PIEDMONT DR SE
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1990

3a. Date of Last Report

01/27/1994

4. FEI Number

59-3035299

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. 125.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 323 First Street S

Suite, Apt. #, etc.

22

City & State

23 Winter Haven FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26 323 First Street S

Suite, Apt. #, etc.

27

City & State

28 Winter Haven FL

Zip

29 33880

Country

30 USA

9. Name and Address of Current Registered Agent

SUZANNE MCMAHON OSTHOFF
401 FIRST STREET SOUTH
795 PIEDMONT DR SE
WINTER HAVEN FL 33880

81 Name

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

83 323 First Street South

84

City Winter Haven

FL

85

Zip Code 33880

10. Name and Address of New Registered Agent

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 of officer or director of corporation and fee if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 preliminary 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 a 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 in an attachment with an address.

SIGNATURE:

Suzanne McMahon Osthoff

6.14.95 (813) 293-2337

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (3/95)