

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68058** (4)

1. Corporation Name
SEVEN HILLS TRAVEL SERVICE, INC.



Principal Place of Business: **11202 SPRING HILL DRIVE SPRING HILL FL 34609**
Mailing Address: **11202 SPRING HILL DRIVE SPRING HILL FL 34609**

3. Date Incorporated or Qualified: **07/23/1991** 3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-3078685** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**GARLICK, ANNE M.
11202 SPRING HILL DRIVE
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

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 _____ State or other jurisdiction of registrant (leave blank if state or other jurisdiction not registered) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLICK, ANNE M.	2. NAME	
STREET ADDRESS	3400 LAMSON AVE #9	3. STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL FL	4. CITY-STATE-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, FRANCIS J.	2.2 NAME	
STREET ADDRESS	8042 CHAUCER DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL FL	2.4 CITY-STATE-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, MARY E	3.2 NAME	
STREET ADDRESS	8042 CHAUCER DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis J. Wilkinson* FRANCIS J. WILKINSON MAR 18, 1996 352-688-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month, Day, Year) District Phone #

CR2E034 (12/95)