

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86547

(4)

1. Corporation Name

TICKETS, TALK, TOURS & TRAVEL, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

07/15/1994

4. FEI Number

65-0288383

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

2a. Mailing Address

21 Tickets Talk Tours & Trvl
Suite, Apt. #, etc.

26 5255 Ocean Blvd

Suite, Apt. #, etc.

22 5255 Ocean Blvd
City & State

27
City & State

23 Sarasota, FL 34242
City State Zip Country

28 Sarasota, FL 34242
City State Zip Country

24 34242

29 34242

30

9. Name and Address of Current Registered Agent

HEATON, RICHARD L
16058 MAIN STREET
SUITE 200
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
Kato Marshall Tickets Talk Tours & Trvl
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 5255 Ocean Blvd
City
Sarasota, FL 85 Zip Code
34242

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

Kathleen Marshall

(NOTE: Registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARSHALL, KATE.
STREET ADDRESS 5255 OCEAN BLVD.
CITY ST ZIP SARASOTA FL
TITLE D
NAME VEALE, GEORGE
STREET ADDRESS 5255 OCEAN BLVD.
CITY ST ZIP SARASOTA FL
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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 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 biennial 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:

Kathleen Marshall

4/25/95 (813) 349-8156
Date Telephone #