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 # S89148 (8)

1. Corporation Name

TRAVELLERS INVESTMENTS, INC.

Principal Place of Business
P.O. BOX 98
SILVER SPRINGS FL 32688-0098

Mailing Address
P.O. BOX 98
SILVER SPRINGS FL 32688-0098

3. Date Incorporated or Qualified: 10/22/1991

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3098896 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

PERRY, PHILLIP
5460 NE SILVER SPRINGS BLVD.
SILVER SPRINGS FL 34488

10. **Name and Address of New Registered Agent**

81 Name: Susan Perry
82 Street Address (P.O. Box Number is Not Acceptable): 5460 NE Silver Springs Blvd.
83
84 City: Silver Springs FL 85 Zip Code: 34488

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] Susan Perry — Signature, typed or printed name of registered agent and title if applicable — DATE: 7/8/96

12. OFFICERS AND DIRECTORS

TITLE	PVD	☒ DELETE
NAME	PERRY, PHILIP	
STREET ADDRESS	5460 N.E. SILVER SPRINGS	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	STD	☐ DELETE
NAME	PERRY, SUSAN	
STREET ADDRESS	5460 N.E. SILVER SPRINGS	
CITY-ST-ZIP	SILVER SPRINGS 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		
TITLE		☐ DELETE
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		
1 4 CITY-ST-ZIP		
2 1 TITLE	PTD	☒ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	Secretary	☐ Change ☒ Addition
3 2 NAME	Katie Jones	
3 3 STREET ADDRESS	5460 N.E. Silver Springs Blvd.	
3 4 CITY-ST-ZIP	Silver Springs Fl 34488	
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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/8/96 — Daytime Phone #: 352-236-0799

CR2E034 (12/95)