FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 18 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V14758** **(9)**

1. Corporation Name
VACATION DESTINATIONS, INC.

Principal Place of Business	Mailing Address
595 N. NOVA ROAD SUITE 204 ORMOND BEACH FL 32174 US	595 N. NOVA ROAD SUITE 204 ORMOND BEACH F 32174 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 4393 Ridgewood Avenue	26 4393 Ridgewood Avenue
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Port Orange, Florida	City & State 28 Port Orange, Florida
Zip / Country 24 32127 / 25 U.S.A.	Zip / Country 29 32127 / 30 U.S.A.

4. FEI Number: 59-3107119 ☐ 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

9. Name and Address of Current Registered Agent

ZILL, DAVID A.
3950 S. NOVA RD.
SUITE 27
PORT ORANGE FL 32127

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVPT	1.1 TITLE	President	☒ Change ☐ Addition
NAME	TENNANT, DONALD E	1.2 NAME	John J. Herron	
STREET ADDRESS	915 LAKEWOOD TERR	1.3 STREET ADDRESS	304 Sneed St.	& 915 N. Lakewood Terr
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Green Forest, Ar	Port Orange Fl 32127
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SHINHOLE, ROXANNE	2.2 NAME	Richard Lawrence	
STREET ADDRESS	274 TIMBERLINE TRAIL	2.3 STREET ADDRESS	2941 Pembridge Street	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Kissimmee, Fl.	X
TITLE		3.1 TITLE	t-s-d	☐ Change ☐ Addition
NAME		3.2 NAME	Donald E. Tennant	
STREET ADDRESS		3.3 STREET ADDRESS	915 N. Lakewood Terrace	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

5/16/29

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)(i), 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: Donald E. Tennant Donald E. Tennant 5/11/95 904-767-1500
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0010688 CP