

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 # V17042 (5)

1. Corporation Name

BREAK-A-WAY-VACATIONS, INC.



Principal Place of Business

Mailing Address

15 WOODLAKE DR
PORT ORANGE FL 32119

15 WOODLAKE DR
PORT ORANGE FL 32119

3. Date Incorporated or Qualified

02/26/1992

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 233 Osceola Ave

Suite, Apt. #, etc.

22 Suite B

City & State

23 Ormond Beach, FL

Zip

24 32176

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-3123474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PARRISH, DONALD R JR.
15 WOODLAKE DR
PORT ORANGE FL 32119

81 Name

Donald R. Parrish Jr.

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

117 Forest Lake Blvd #407

83

84 City

Daytona Beach

FL

85 Zip Code

32119

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

Donald R. Parrish Jr.

Donald R. Parrish Jr. - President

DATE

2/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PARRISH, DONALD R JR
STREET ADDRESS
15 WOODLAKE DRIVE
CITY- ST- ZIP
PORT ORANGE FL 32119

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Donald R. Parrish Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

904-673-2007
Daytime Phone #

CR2E034 (12/95)