

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V17542

(4)

1. Corporation Name:

VOYAGER SERVICE PROGRAMS, INC.

Principal Place of Business

4250 LAKESIDE DR
SUITE 304
JACKSONVILLE FL 32210

Mailing Address

110 WEST SEVENTH STREET
8TH FLOOR
FORT WORTH TX 76102-7032
US

3. Date Incorporated or Qualified
02/28/1992

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3110220

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME GASTON, GERALD N.
STREET ADDRESS 11222 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DPCO
NAME BECKER, EUGENE E.
STREET ADDRESS 11222 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE DS
NAME GARCIA, LEONARDO F.
STREET ADDRESS 11222 QUAIL ROOST DR.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VP
NAME CLEMENT, ALAN M III
STREET ADDRESS 4250 LAKESIDE DR SUITE 304
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE T
NAME CASTELO, ENRIQUE L.
STREET ADDRESS 11222 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VPAS
NAME MAY, DAVID P.
STREET ADDRESS 110 WEST SEVENTH STREET
CITY-ST-ZIP FT. WORTH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PCO ☐ Change ☒ Addition
2.2 NAME Gambero, Darrell G.
2.3 STREET ADDRESS 110 W. Seventh St.
2.4 CITY-ST-ZIP Fort Worth, TX 76102

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME Heggen, Arthur W.
3.3 STREET ADDRESS 11222 Quail Roost Dr.
3.4 CITY-ST-ZIP Miami, FL 33157

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. May

1/13/97

(800) 334-9282

Date Daytime Phone #

CR2E034 (9/96)