

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:14

DOCUMENT # V27709 (7)

1. Corporation Name

MR. AUTO TRAVEL, INC.

Principal Place of Business

2611 S.W. COLLEGE RD.
STE. #C
OCALA FL 32674

Mailing Address

2611 S.W. COLLEGE RD.
STE. #C
OCALA FL 32674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

74-2637251

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34474

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 34474

Country

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MORRIS, JOHN
1000 RIVERSIDE DR.
STE. #B403
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

Thomas H. Veal

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

2611 SW College Rd #C

83

84 City

Ocala

FL

85 Zip Code

34474

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

TH Veal

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

VEAL, TOM

STREET ADDRESS

130 E MERRITT ISL CSY

CITY - ST - ZIP

MERRITT ISLAND FL

TITLE

P

NAME

MORRIS, JOHN

STREET ADDRESS

1000 RIVERSIDE DR. B 403

CITY - ST - ZIP

PALMETTO FL 34221

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

President

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change

☐ Addition

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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:

TH Veal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95

Date

94-237-2700

Telephone (Area #)