FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # V54861 (2)

1. FAIRWINDS TRAVEL AND TOURS, INC.

APPROVED AND FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
820 S. US 1
VERO BEACH FL 32962

Mailing Address
820 S. US 1
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1992

3a. Date of Last Report: 04/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0351407 — 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

GADDY, ROBERT L
6685 4TH ST
VERO BEACH FL 32968

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 607.1509, 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: [illegible] — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GADDY, ROBERT L
STREET ADDRESS	6685 4TH ST
CITY-ST-ZIP	VERO BCH FL
TITLE	VP
NAME	GADDY, KEVIN A
STREET ADDRESS	6685 4TH ST
CITY-ST-ZIP	VERO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME	Abby Elizabeth Hirschler	
3.3 STREET ADDRESS	20001 Hunt Pass Court	
3.4 CITY-ST-ZIP	Parkton, MD 21120	
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 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. Further I hereby certify that the information contained on the annual report or amended 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 on Block 12 or Block 13 of the report, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF VICE PRESIDENT OR DIRECTOR — Date 2/24/95 — Daytime Phone

0076071 CP