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 # **V54861** **(2)**

1. Corporation Name

FAIRWINDS TRAVEL AND TOURS, INC.

Principal Place of Business

820 S US 1
VERO BEACH FL 32962

Mailing Address

820 S. US 1
VERO BEACH FL 32962

2. Principal Place of Business (21)	2a. Mailing Address (26)
Street Address (22)	Street Address (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

3a. Date of Last Report: **03/01/1995**

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 607.1506, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	GADDY, ROBERT L	12 NAME
STREET ADDRESS	6685 4TH ST	13 STREET ADDRESS
CITY-ST-ZIP	VERO BCH FL	14 CITY-ST-ZIP
TITLE	VP ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	GADDY, KEVIN A	22 NAME
STREET ADDRESS	6685 4TH ST	23 STREET ADDRESS
CITY-ST-ZIP	VERO BCH FL	24 CITY-ST-ZIP
TITLE	D ☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	HIRSCHLER, ABBY E	32 NAME
STREET ADDRESS	20001 HUNT PASS COURT	33 STREET ADDRESS
CITY-ST-ZIP	PARKTON MD	34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

CR2E034 (12/95)

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 a 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 added as an additional officer or director with an address.

SIGNATURE: Kevin Gaddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96
Date

407-562-5300
Daytime Phone #