

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 SEP -8 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **355758**  
1. Corporation Name  
**Charlotte Travel Agency, Inc**

Principal Place of Business Mailing Address  
**3129 B Tamiami Trail P.O. Box 2195**  
**P.O. Box Seffner, FL 33583**  
**Port Charlotte, FL 33952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21. Sub: Apt. #, etc.	26. Suite, Apt. #, etc.	11-24-1969	59-1275669	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
R.W. Gilliam 3129-B Tamiami Trail Port Charlotte, FL 33952	81 Name <b>AnnMarie A. Blair</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>110 Luthia Thecrest Rd Ste D</b>
	83 <b>Ste D</b>
	84 City <b>Brandon</b> FL 85 Zip Code <b>33511</b>

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 **AnnMarie A. Blair** **AnnMarie A. Blair** 9/8/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																				
<table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>R.W. Gilliam</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3129-B Tamiami Trail</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Charlotte, FL 33952</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Anna M Gilliam</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3129-B Tamiami Trail</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Charlotte, FL 33952</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	President	<input checked="" type="checkbox"/> DELETE	NAME	R.W. Gilliam		STREET ADDRESS	3129-B Tamiami Trail		CITY-ST-ZIP	Port Charlotte, FL 33952		TITLE	Secretary	<input checked="" type="checkbox"/> DELETE	NAME	Anna M Gilliam		STREET ADDRESS	3129-B Tamiami Trail		CITY-ST-ZIP	Port Charlotte, FL 33952		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>1.1 TITLE</td> <td>Pres-Secretary/Treasurer</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>AnnMarie A. Blair</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>3129-B Tamiami Trail</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Port Charlotte, FL 33952</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>900002983039--6</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>-09/09/99--01082--006</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>*****61.25 *****61.25</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	1.1 TITLE	Pres-Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	AnnMarie A. Blair		1.3 STREET ADDRESS	3129-B Tamiami Trail		1.4 CITY-ST-ZIP	Port Charlotte, FL 33952		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS	900002983039--6		3.4 CITY-ST-ZIP	-09/09/99--01082--006		4.1 TITLE	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> DELETE																																																																																																																																			
NAME	R.W. Gilliam																																																																																																																																				
STREET ADDRESS	3129-B Tamiami Trail																																																																																																																																				
CITY-ST-ZIP	Port Charlotte, FL 33952																																																																																																																																				
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE																																																																																																																																			
NAME	Anna M Gilliam																																																																																																																																				
STREET ADDRESS	3129-B Tamiami Trail																																																																																																																																				
CITY-ST-ZIP	Port Charlotte, FL 33952																																																																																																																																				
TITLE		<input type="checkbox"/> DELETE																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> DELETE																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> DELETE																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
1.1 TITLE	Pres-Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																			
1.2 NAME	AnnMarie A. Blair																																																																																																																																				
1.3 STREET ADDRESS	3129-B Tamiami Trail																																																																																																																																				
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952																																																																																																																																				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
2.2 NAME																																																																																																																																					
2.3 STREET ADDRESS																																																																																																																																					
2.4 CITY-ST-ZIP																																																																																																																																					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
3.2 NAME																																																																																																																																					
3.3 STREET ADDRESS	900002983039--6																																																																																																																																				
3.4 CITY-ST-ZIP	-09/09/99--01082--006																																																																																																																																				
4.1 TITLE	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
4.2 NAME																																																																																																																																					
4.3 STREET ADDRESS																																																																																																																																					
4.4 CITY-ST-ZIP																																																																																																																																					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
5.2 NAME																																																																																																																																					
5.3 STREET ADDRESS																																																																																																																																					
5.4 CITY-ST-ZIP																																																																																																																																					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
6.2 NAME																																																																																																																																					
6.3 STREET ADDRESS																																																																																																																																					
6.4 CITY-ST-ZIP																																																																																																																																					

14. I 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, the name of 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, with all other like empowered.

SIGNATURE: **AnnMarie A. Blair** **AnnMarie A. Blair** 9/8/99 941-625-6113  
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)

CR2E034 (1/98)