

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90111 026 ***150.00

DOCUMENT # **F94000004490**

1. Corporation Name

THE TRAVEL COMPANY, INC. OF MS



Principal Place of Business
**1437 OLD SQUARE RD., #204
JACKSON MS 39236-0276**

Mailing Address
**1437 OLD SQUARE RD., #204
JACKSON MS 39236-0276**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

64-0677074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**RYAN, MIKE
445 SUWANNE DR., #662
TYNDALL AFB FL 32403**

10. Name and Address of New Registered Agent

81 Name

Ryan, Mike

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

1090 Florida Ave Bldg 542

83

84 City **Tyndall AFB**

FL

85 Zip Code **32403**

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 **ST** ☐ DELETE
NAME **WALKER, SUSAN**
STREET ADDRESS **1437 OLD SQUARE RD., #204**
CITY-STATE-ZIP **JACKSON MS**

TITLE **V** ☐ DELETE
NAME **DOBY, CLINTON**
STREET ADDRESS **1437 OLD SQUARE RD., #204**
CITY-STATE-ZIP **JACKSON MS 39236**

TITLE **P** ☐ DELETE
NAME **DOBY, PHYLLIS**
STREET ADDRESS **1437 OLD SQUARE ROAD, #204**
CITY-STATE-ZIP **JACKSON MS**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Walker

4-22-99

Date

(601) 981-1133

Daytime Phone #

CR2E034 (11/98)

0549543