

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H81743**
 1. Corporation Name
STRICKLAND TRAVEL, INC.

FILED
 99 SEP 14 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
D/B/A ADVANCED TRAVEL SERVICES
1535 KILLEARN CENTER BLVD.
TALLAHASSEE FL 32308

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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	10/21/1985	59-2608390	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.		Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKLAND, WILLIAM HARRISON 1535 KILLEARN CENTER BLVD. TALLAHASSEE FL 32308	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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STRICKLAND, WILLIAM H	1.2 NAME
STREET ADDRESS: 1410 14TH ST., NW	1.3 STREET ADDRESS
CITY-STATE-ZIP: CAIRO GA 31728	1.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS
CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS
CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP

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 *****550.00 *****550.00

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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; 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 to this address.

SIGNATURE: *William H. Strickland* 9/13/99 893-620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007941

CR2E034 (5/99)