

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

APPROVED  
AND  
FILED

97 JAN 21 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000001521 (3)**

1. Corporation Name  
**TRAVIS WADE CORPORATION**



Principal Place of Business

**1201 HAYS STREET  
TALLAHASSEE FL 32301**

Mailing Address

**P.O. BOX 5828  
TALLAHASSEE FL 32314-5828  
US**

3. Date Incorporated or Qualified <b>11/02/1992</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

~~REGISTRATION INFORMATION SERVICES INC~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name <b>Corporation Service Company</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>
83
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32301</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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Deborah D. Skipper* **Deborah D. Skipper, As Agent** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSER, MARK</b>	
STREET ADDRESS	<b>1201 HAYS STREET</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Patricia Pizzuto</b>	
13 STREET ADDRESS	<b>1201 Hays Street</b>	
14 CITY-STATE-ZIP	<b>Tallahassee, Florida 32301</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Judith S. Blancett</b>	
23 STREET ADDRESS	<b>1201 Hays Street</b>	
24 CITY-STATE-ZIP	<b>Tallahassee, Florida 32301</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Pizzuto* **Patricia Pizzuto, Director** DATE: *1/21/97*

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 228131 84181A

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 165.00

ORDER DATE : January 20, 1997

ORDER TIME : 4:21 PM

ORDER NO. : 228131-005

CUSTOMER NO: 84181A

900002062979--7

CUSTOMER:

Travis Wade Corporation  
1201 Hays Street  
Tallahassee, FL 32301

ANNUAL REPORT FILING

NAME: TRAVIS WADE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS:

*R. Alan*  
*1/21/97*