

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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11-24-1969	59-1275669	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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
R.W. Gilliam
3129-B Tamiami Trail
Port Charlotte, FL 33952

10. Name and Address of New Registered Agent
81 Name AnnMarie A. Blair
82 Street Address (P.O. Box Number is Not Acceptable)
110 Lithia Pinecrest Rd Ste D
83 Ste D
84 City Brandon FL 85 Zip Code 33511

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9/8/99
DATE

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