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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

550902

Country

(1)

MISSION TRAVEL, INC.

Principal Place of Business 10001 STARKEY ROAD LARGO FL 34647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

Mailing Address 10801 STARKEY ROAD

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

LARGO FL 34647

## **FILED** Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

11/07/1977

59-1781811

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

| 24  | [25]                         |   | 30                     |       | Personal Property Lax due June 30. Li Yes Li No       |        |
|---|------------------------------|---|------------------------|-------|---|--------|
|   | g. Name and Address of Curre | nt Registered Agent                     |                        | _,_   | 10. Name and Address of New Registered Agent          |        |
| GELLATLY, GAIL F.   |                              |   |                        | 1     | 81 Name   |        |
| 10801 STARKEY ROAD STE. 4   |                              |   |                        | 2     | 82 Street Address (P.O. Box Number is Not Acceptable) |        |
| LARGO FL 34647  |                              |   |                        | ٦     | SET STEEL AGGIESS (1.0. DOX NOTICE IS NOT AGGERTAGE)  |        |
|   |                              |   | 8:                     | 3     | 83  |        |
|   |                              |   | <u> </u>               |       |   |        |
|   |                              |   | 8                      | 4     | FL 85 Zip Code  |        |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a   |                              |   |                        |       |   | red    |
| 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.   |                              | ID DIRECTORS                            | 13.                    | gon.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     |        |
| TITLE   | Р                            | DELETE                                  | 1.1 TITLE              |       |   | ition  |
| NAME  | GELLATLY, GAIL F.            | <del></del>                             | 1.2 NAME               |       | AF  |        |
| STREET ADDRESS  | 10801 STARKEY ROAD           |   |                        |       | EET ADDRESS   |        |
|   | LARGO FL                     |   | 1.4 City               |       | 1   |        |
| CITY-ST-ZIP<br>TITLE  | V                            | DELETE                                  | 2.1 TITLE              | _     |   | ition  |
| NAME  | GELLATLY, ROBERT A.          |   | 2.2 NAME               |       |   |        |
| STREET ADDRESS  | 10801 STARKEY RD.            |   |                        | _     | EET ADDRESS   | .      |
|   | LARGO FL                     |   |                        |       |   | - 1    |
| CITY-SI-ZIP<br>TITLE  | DANGO FL                     | ☐ DELETE                                | 2. 4 CITY<br>3.1 TITLE |       | Y-ST-ZIP Change Add                                   | ition  |
| NAME  |                              | الما الما الما الما الما الما الما الما | 3.2 NAME               |       |   | 11011  |
|   |                              |   |                        |       |   | ŀ      |
| STREET ADORESS  |                              |   |                        |       | EET ADDRESS   |        |
| CITY - ST - ZIP   |                              | DELETE                                  | 3.4. GITY              | _     | Y-ST-ZIP E Change Addi                                | ition  |
| TITLE   |                              | L. DELETE                               |                        |       |   | ,(IOI) |
| NAME  |                              |   | 4. 2 NAM               | _     |   |        |
| STREET ADDRESS  |                              |   |                        |       | EET ADDRESS   |        |
| CITY-ST-ZIP   |                              | DELETE                                  | 4.4 CMY-               | -     |   | islan  |
| TITLE   |                              | € Dereie                                | 5.1 TITLE              |       |   | AUII   |
| NAME  |                              |   | 5.2 NAME               |       |   |        |
| STREET ADDRESS  |                              |   |                        |       | EET ADDRESS   |        |
| CITY-ST-ZIP   |                              | Ori fir                                 | 5.4 CITY-              |       |   | ltian  |
| TITLE   |                              | DELETE                                  | 6.1 TITLE              |       |   | uon    |
| NAME  |                              |   | 6.2 NAME               |       | -   |        |
| STREET ADDRESS  |                              |   | 6.3 STREE              | ET AD | EET ADDRESS   |        |
| CITY-ST-ZIP   | N                            |   | 6.4 CITY-              | \$T-2 | -ST-ZIP   |        |
| 14. I hereby certify that the information supplied with this filling 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 with an address. |                              |   |                        |       |   |        |

Country