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FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90250 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 550902

1. Corporation Name

MISSION TRAVEL, INC.

Principal Place of Business

10801 STARKEY ROAD  
LARGO FL 34647

Mailing Address

10801 STARKEY ROAD  
LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1977

4. FEI Number

59-1781811

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GELLATLY, GAIL F.  
10801 STARKEY ROAD STE. 4  
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name

HALLAM, DENNIS L.

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

10801 STARKEY ROAD STE 4

83

LARGO

84 City

FL

85 Zip Code

33777

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]*  
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	P	DELETE
NAME	GELLATLY, GAIL F.	
STREET ADDRESS	10801 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	V	DELETE
NAME	GELLATLY, ROBERT A.	
STREET ADDRESS	10801 STARKEY RD.	
CITY-ST-ZIP	LARGO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	HALLAM, DENNIS L.		
1.3 STREET ADDRESS	10801 STARKEY ROAD STE 4		
1.4 CITY-ST-ZIP	LARGO FL		
2.1 TITLE	T	Change	Addition
2.2 NAME	BROOKS, KAREN		
2.3 STREET ADDRESS	10801 STARKEY ROAD STE 4		
2.4 CITY-ST-ZIP	LARGO FL		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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; 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-391-0266

0422842

CR2E034 (11/98)