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FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 596985 (2)  
1. Corporation Name  
THE TRAVEL CENTER OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

703 N. MONROE ST.  
TALLAHASSEE FL 32303

703 N. MONROE ST.  
TALLAHASSEE FL 32303-6138

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

QUINLY, CLIFTON W  
703 N. MONROE ST  
TALLAHASSEE, FL JL 32303

3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

02/16/1996

4. FEI Number

59-1870111

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME  
D  
QUINLY, WILLIAM J.  
STREET ADDRESS  
3370 W LAKESHORE DR  
CITY-ST-ZIP  
TALLAHASSEE, FL 0

13. ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
VS  
QUINLY, WILLIAM J.  
STREET ADDRESS  
3370 W LAKESHORE DR  
CITY-ST-ZIP  
TALLAHASSEE, FL 0

14. ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
PD  
QUINLY, CLIFTON W  
STREET ADDRESS  
3370 W LAKESHORE DR  
CITY-ST-ZIP  
TALLAHASSEE, FL 0

15. ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
TD  
QUINLY, EDITH C.  
STREET ADDRESS  
4228 WOODHILL COURT  
CITY-ST-ZIP  
TALLAHASSEE FL

16. ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

17. ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-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 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.

SIGNATURE: Clifton W. Quinly 22 May 97 2006 324 1411

CR2E034 (9/96)