

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # 596985

1. Entity Name

THE TRAVEL CENTER OF TALLAHASSEE, INC.



Principal Place of Business

3370 WEST LAKESHORE DR  
TALLAHASSEE, FL 32312

Mailing Address

PO BOX 3607  
TALLAHASSEE, FL 32315



01202004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1870111

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINLY, CLIFTON W  
3370 WEST LAKESHORE DR  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000094656  
03/23/04-80005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
QUINLY, CLIFTON W  
3370 W LAKESHORE DR  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
QUINLY, WILLIAM J.  
3370 W LAKESHORE DR  
TALLAHASSEE, FL 0, 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
QUINLY, EDITH C  
4228 WOODHILL COURT  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clifton W. Quinly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04  
Date

850-385-3366  
Daytime Phone #