

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F49485** (8)

1. Corporation Name

TRAVIS ENTERPRISES, INC.

APPROVED
AND
FILED

1996 AUG 29 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

126 N. RIVER DR., W.
JUPITER FL 33458
US

126 N. RIVER DR., W.
JUPITER FL 33458
US

3. Date Incorporated or Qualified

10/08/1981

3a. Date of Last Report

04/14/1995

4. FEI Number

15-1629939

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 101 HAMPTON CT W

26 101 HAMPTON CT. W.

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 NICEVILLE FL.

28 NICEVILLE, FL.

Zip

Country

Zip

Country

24 325783935

25 USA

29 325783935

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAVIS, CHRISTOPHER
126 N. RIVER DR., W.
JUPITER FL 33458

81 Name CHRISTOPHER D. TRAVIS

82 Street Address (P.O. Box Number is Not Acceptable)
101 HAMPTON CT. W.

83

84 City NICEVILLE FL 85 Zip Code 32578

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, 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

CHRISTOPHER D. TRAVIS P.D. 7/19/96

Signature type: The signature of the registered agent and the agent's office.

(NOTE: Registered Agent's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TRAVIS, CHRISTOPHER
STREET ADDRESS 126 N. RIVER DR., W.
CITY-ST-ZIP JUPITER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE PD
12 NAME TRAVIS CHRISTOPHER
13 STREET ADDRESS 101 HAMPTON CT. W.
14 CITY-ST-ZIP NICEVILLE, FL. 32578 3935

21 TITLE VP D.
22 NAME MICHAEL D. TRAVIS
23 STREET ADDRESS 101 HAMPTON CT. W.
24 CITY-ST-ZIP NICEVILLE, FL. 32578 3935

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER D. TRAVIS 7/19/96 904 897 1808

DATE

FEI NUMBER