

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90224 024 ***150.00

DOCUMENT # F95000004888

1. Corporation Name

ACCENT TOURS, INCORPORATED

Principal Place of Business

290 E. BREVARD ST.
TALLAHASSEE FL 32301
US

Mailing Address

209 E. BREVARD ST.
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

59-3339440

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

9. Name and Address of Current Registered Agent

WEST, JOAN
2808 RABBIT HILL ROAD
TALLAHASSEE FL 32312-3137

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WEST, JOAN
STREET ADDRESS 2808 RABBIT HILL ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312-3137
☒ DELETE

TITLE V
NAME HERROD, RUTH
STREET ADDRESS 403 AMELIA CIRCLE
CITY-ST-ZIP TALLAHASSEE FL
☒ DELETE

TITLE S
NAME DAVIS, JUNE
STREET ADDRESS 4907 LESTER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME GERRI GLOTZBACH
1.3 STREET ADDRESS 2668 NORTH POINT LANE #C
1.4 CITY-ST-ZIP TALLAHASSEE FL 32308
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1571 STONE RD UNIT 6A
3.4 CITY-ST-ZIP TALLAHASSEE FL 32303
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Geri Glotzbach* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999

513-1000

Date

Daytime Phone #

CR2E034 (11/98)