1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G32966

1. Corporation Name

TRAVEL CONNECTIONS UNLIMITED, INC. OF JACKSONVIL

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90022 008 ***150.00



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											JUD BEHL BEDLI BI	EN BABIA ENGI	8/8// BIBIL 708 /	
Principal Place of Business Mailing Address														
9825-33 SAN JOSE BLVD. 9825-33 SAN JOSE BLVD.														
JACKSONVILLE FL 32257		J	JACKSONVILLE FL 32257				DO NOT WRITE IN THIS SPACE							
										3. Date Incorporated or Qualifed				7
									l l	04/13/1983				
2. Principal Place of Business		2	2a. Mailing Address					4. FEI Number		A	pplied For]		
21		26					59-2309431		N	ot Applicable]			
Suite, Apt. i	#, etc.			Suite, A	pt. #, etc.					5. Certifcate of Status Desired		•	Additional	
22			27							3. Certificate of Oldida Beamed		Fee F	equired	J _₹
City & State				City & S	State			- · · -		6. Election Campaign Financing			Мау Ве	
23			28					<u> </u>	\rightarrow	Trust Fund Contribution		Added	to Fees	4
Zip		Country	\perp	Zip			intry			8. This corporation owes the curr	ent year Inta		□No	
24		25	29	L		30	_			Personal Property Tax.	3Internal (Yes	□140	-
	9. Name	and Address of Currer	t Regi	stered Ag	jent		81	Name	1	0. Name and Address of New F	(egistered /	Agent		+
DOM:	an, Elizai	RETH D					"'	Name						
		VEN TERRACE					82 Street Addre		ddress	(P.O. Box Number is Not Accepta	able)			
JACKSONVILLE FL 32223					83	_						7		
												BE 7:0	Code	┥
							84	City		,	FL			
11. Pursuant t	to the provis	ions of Sections 607.050	2 and	607.1508,	Florida Statu	ites, the a	bove	-named co	orporat	tion submits this statement for the	purpose of	changing it	s registered	7
office or re	edistered ad	ent, or both, in the State ith, and accept the obliga	of Flor	ıda, Such	change was a	autnonzet	' עס ב	tne corpora	ation s	board of directors. I hereby acce	or me appoir	illitelli as i	egistered	1
-	11, 741111114111111	, a		., -										1
SIGNATURE	Signature, typed	or printed name of registered age	nt and tit	e if applicable	. (NOT	E: Registered	Agen	t signature requ	uired who		DATE			وَ ⊢
12.		OFFICERS AN	ID DIF	ECTORS		13.				ADDITIONS/CHANGES TO OF	FICERS AN			. ?
TITLE	P				☐ DELETE	1.1 TI	TLE					Change	☐ Addition	<u> </u>
NAME		ELIZABETH D.				1.2 N	AME							3
STREET ADDRESS	_	IN HAVEN TERRACE				1.3 S	TREET	ADDRESS						ļ
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TITLE	V				☐ DELETÉ	2.1 TI						Criange		"
NAME		D, BEATRICE				2.2 N								
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NAME						3.2 N								1
STREET ADDRESS								ADDRESS						
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TITLE					C. DECETE							[_]		
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STREET ADDRESS								ADDRESS						
CITY-ST-ZIP					DELETE	4.4 C	ITY-SI	1-21				☐ Change	Addition	<u>,</u>
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STREET ADDRESS							ITY-SI							
C/TY-ST-ZIP					☐ DELETE	6.1 T		+				☐ Change	☐ Addition	7
TITLE						6.2 N						_ •		
NAME						ı		FADORESS						
STREET ADDRESS						1								- 1

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 changes, or on an attachment with appaddress, with all other like empowered.

SIGNATURE: