

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

**DOCUMENT # H43357**

1. Corporation Name  
**AKRA TRAVEL, INC.**

Principal Place of Business

% JOHN R. CRAWFORD  
225 WATER ST #900  
JACKSONVILLE FL 32202

Mailing Address

% JOHN R. CRAWFORD  
225 WATER ST #900  
JACKSONVILLE FL 32202

2. Principal Place of Business

21 3216 Hendricks Avenue

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip

32207

25 Country

Duval

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

32207

29 Country

30 Duval

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R.  
225 WATER ST #900  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1985

4. FEI Number

59-2498692

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

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83 City

Tallahassee

84 State

FL

85 Zip Code

32301-2607

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

*Deborah D. Skipper*

**Deborah D. Skipper**  
as its agent

6/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE TCEO ☐ DELETE

NAME AKRA, VINCENT D.

STREET ADDRESS 3216 HENDRICKS AVE

CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME GRYMES, WARREN M. JR

STREET ADDRESS 3216 HENDRICKS AVENUE

CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME AKRA, MARIA

STREET ADDRESS 3216 HENDRICKS AVE.

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President and a Director ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE EVP & COO ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Secretary ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE VicePresident & Assist. Secty. ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Director ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Director ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503(1), 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:

*Robert C. Griffith*

Director

6/23 /99

(303) 706-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 285585 7167949

AUTHORIZATION : *Patricia Puyk*

COST LIMIT : \$ 550.00

ORDER DATE : June 23, 1999

ORDER TIME : 10:17 AM

ORDER NO. : 285585-005

CUSTOMER NO: 7167949

CUSTOMER: Ms. B. Chesebro  
Navigant International  
84 Inverness Circle East

Englewood, CO 80112

ANNUAL REPORT FILING

NAME: AKRA TRAVEL INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie L. Glisar

EXAMINER'S INITIALS: \_\_\_\_\_