

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90112 041 ***150.00

DOCUMENT # **H62837**

1. Corporation Name

ATLANTIS TRAVEL, INC.

Principal Place of Business

% L. E. TAYLOR
923 B WEST DIXIE AVE.
LEESBURG FL 34748

Mailing Address

% L. E. TAYLOR
923 B WEST DIXIE AVE.
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1985

4. FEI Number

59-2540189

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TAYLOR, L. E.
1029 W. MAGNOLIA ST.
LEESBURG FL 34748

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TATRO, LEE D.
ROUTE 6, BOX 1125
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
TATRO, KATHY B.
ROUTE 6, BOX 1125
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RANDOLPH, CYNTHIA S.
ROUTE 2, BOX 64
LAKE PANASOFFKEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
RANDOLPH, MARTIN L.
ROUTE 2, BOX 64
LAKE PANASOFFKEE FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

352/326-9433

Daytime Phone #

CR2E034 (11/98)

0508703