May 07, 1999 8:00 am Secretary of State

05-07-1999 90112 041 ***150.00

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

7. Corporation	MENT # H62837 S TRAVEL, INC.	7					
Principal Place	of Business	Mailing Address			1 (85/6)) and and the transfer of	1 1261 Glan Elen alen ditu.	
% L. E. TAYLOR 923 B WEST DIXIE AVE. LEESBURG FL 34748		% L. E. TAYLOR 923 B WEST DIXIE AVE. LEESBURG FL 34748		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/19/1985			
9 D : -i D	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address			4. FEI Number		pplied For
			7		59-2540189	<u> </u>	lot Applicable
25 Suite, Apt. #, etc. Suite, Apt. #, etc						\$8.75	Additional
22 27					5. Certifcate of Status Desired	Fee R	Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre		
24	25	29 3	0		Personal Property Tax.	Yes	M No
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	egistered Agent	_ _
			81	Name			
TAYLOR, L. E.			82	Street A	Address (P.O. Box Number is Not Acceptal	ole)	
1029 W. MAGNOLIA ST.							
LEESBURG FL 34748			83				
			84	City		85 Zip	Code
			1			FL " 2"	
office or re agent. I ar	to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	norizea av	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	t the appointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agei	nt signature re	equired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	DT	☐ DELETE	1.1 TITLE			Change	Addition
NAME	TATRO, LEE D.		1.2 NAME	1			
STREET ADDRESS	ROUTE 6, BOX 1125		1.3 STREE	TADDRESS			ļ
CITY-\$T-ZIP	LEESBURG FL		1.4 CITY-S	T-ZIP			
TITLE	D\$	☐ DELETE	2.1 TITLE			Change	Addition
NAME	TATRO, KATHY B.		2.2 NAME	Ì			ì
STREET ADDRESS	ROUTE 6, BOX 1125		2.3 STREE	TADDRESS			
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP			
TITLE	DP	☐ DELETE	3.1 TITLE	ļ		Change	Addition
NAME	randolph, cynthia s.		3.2 NAME				
STREET ADDRESS	ROUTE 2, BOX 64		3.3 STREE	TADDRESS			
City-St-zip			3 4. CITY-	ST-ZIP			Addition
mre i	DV	☐ DELETE	41 TITLE			Change	e
NAME	randolph, Martin L.		4, 2 NAME	ĺ			
STREET ADORESS	ROUTE 2, BOX 64		43 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP		- Change	e 🔲 Addition
TITLE		DELETE	5.1 TITLE			☐ Change	- LAGORION
NAME			5,2 NAME	T +000-00			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T pr. ctr	5.4 CITY-S	I-ZIP		Change	Addition
TITLE		☐ DELETE	62 NAME			_ ∪ onange	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP