

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90095 024 ***150.00

DOCUMENT # J07166

1. Corporation Name
ALL TRAVEL CENTER, INC.

Principal Place of Business

3814 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119
US

Mailing Address

POST OFFICE BOX 214125
SO DAYTONA FL 32121
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1986

4. FEI Number

59-2662179

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTS, DANIEL P.M.
2009 OAK MEADOW CIRCLE
SO. DAYTONA FL 32119

81 Name
WATTS, DANIEL P.M.

82 Street Address (P.O. Box Number is Not Acceptable)
6345 PARIA CT.

83

84 City Port Orange FL 85 Zip Code 32124

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 PD ☐ DELETE
NAME WATTS, DANIEL P.M.
STREET ADDRESS 2009 OAK MEADOW CIRCLE
CITY-ST-ZIP SO. DAYTONA FL 32119

TITLE DS ☐ DELETE
NAME WATTS, KRISTINA I
STREET ADDRESS 2009 OAK MEADOW CIRCLE
CITY-ST-ZIP SO. DAYTONA FL 32119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WATTS, DANIEL P.M.
1.3 STREET ADDRESS 6345 PARIA CT
1.4 CITY-ST-ZIP Port Orange, FL 32124

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME WATTS, KRISTINA I.
2.3 STREET ADDRESS 6345 PARIA CT.
2.4 CITY-ST-ZIP Port Orange, FL 32124

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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:

Daniel P.M. Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
Date

904-788-5030
Daytime Phone #

CR2E034 (1/98)