FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **J49315** **(1)**

1. Corporate Name
AMERICAN TRAVEL SERVICES OF JACKSONVILLE, INC.

Principal Place of Business
2000 HENDRICKS AVE.
JACKSONVILLE FL 32207

Mailing Address
2000 HENDRICKS AVE.
JACKSONVILLE FL 32207-3308

3. Date Incorporated or Qualified: **12/29/1986**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2748125** [ ] 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 has actually filed or is required to file a Form 1120 or 1120-A with the Internal Revenue Service. [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
PERRY, T. KEITH
2031 HENDRICKS AVE
JACKSONVILLE FL 32207

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 Section 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE	DC [ ] DELETE
NAME	MASON, RAYMOND K.
STREET ADDRESS	12 KINGSLEY AVE.
CITY, ST, ZIP	ORANGE PARK FL
TITLE	DP [ ] DELETE
NAME	MASON, RAYMOND K. JR
STREET ADDRESS	3730 RICHMOND ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DST [ ] DELETE
NAME	PERRY, T. KEITH
STREET ADDRESS	3017 CYPRESS CREEK DR E.
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	DV [ ] DELETE
NAME	FRANSON, CHARLES J
STREET ADDRESS	1551 ATLANTIC BLVD 200
CITY, ST, ZIP	JACKSONVILLE FL
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

TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Address
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on attached additional sheets.

SIGNATURE: T. Keith Perry, Secretary 4/3/97 904-396-8237