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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64944 1. Corporation Name BRANDON TRAVEL SERVICE, INC.							
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Principal Place of Business Mailing Address							- (1661) B side gills alles Latit ands alles all
110	110 LITHIA PINECREST 110 LITHIA PINECREST						•
STE E SUITE E							DO NOT WRITE IN THIS SPACE
	BRANDON FL 33511 BRANDON FL 33511 US US						Date Incorporated or Qualifed
							04/01/1987
2.	Principal Pl	ace of Busin	iess	2a. Mailing Address			4. FEI Number Applied For
21				26			59-2798234 Not Applicable
	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22			<u>:</u>	27 SULTE	$\mathcal{O}_{}$	<u>-</u> -	Fee Required
	City & State	€		City & State			6. Election Campaign Financing \$5.00 May Be
23				28	Country		Trust Fund Contribution Added to Fees
<u> </u>	Zip	Ţ	Country	Zip 29	30	-	8. This corporation owes the current year intangible Personal Property Tax.
24		0 Name	25 and Address of Current		<u> 30 </u>		10. Name and Address of New Registered Agent
		3, Name	und radioso si califori-	····	81	Name	
EDENFIELD, MICHAEL S., P.A.						Street	et Address (P.O. Box Number is Not Acceptable)
206 MASON ST.						Street	et Address (F.O. Box Number is Not Acceptable)
BRANDON FL 33511					83		· · · · · · · · · · · · · · · · · · ·
					84	City	85 Zip Code
						•	FL
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 region 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 register							ed corporation submits this statement for the purpose of changing its registered progration'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.						,	
s	GNATURE						us required when reinstating) DATE
4		Signature, typed	or printed name of registered agent OFFICERS AND		:: Registered Agei	nt signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12		PD	OFFICERS AND	DELETE	1,1 TITLE		RESIDENT Change Addition
1	ME		CK, JAMES		1.2 NAME		SS 110 Lithin Pine CROST RA
	REET ADDRESS		H KNOLL DR		1.3 STREE	T ADDRESS	SS 110 Lithing Pine CROST RY
ì	Y-ST-ZIP		N FL 33511		1.4 CITY- 9	T-ZIP	BROWDOW, FIA 33511
TIT		٧		DELETE	2.1 TITLE		Sect Schange Addition ANNA M. Gilliam SS 110 Linka Process Rd
NA	MÉ	ROTHRO	CK, NANCY		2.2 NAME		ANNA M. GilliAm
ST	REET ADDRESS		H KNOLL DR		2.3 STREE	T ADDRESS	ss 110 Lithia Pirechast Rd
сп	Y-ST-ZIP		N FL 33511	·	2.4 CITY-5	ST-ZIP	BRANDON, FIT 3354.
m	TE	PRES	1 Days	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NA	ME	R. W	G, 1110m		3.2 NAME		
ST	REET ADDRESS	11/				T ADDRESS	SS .
	Y-ST-ZIP			DELETE	3.4. CITY-5	ST-ZIP	· Change Addition
	LE		,	C pereie	4.1 TITLE		
	ME				4.2 NAME		**************************************
l	REET ADDRESS					TADORESS	555
_	Y-ST-ZIP LE			DELETE	4.4 CITY-S 5.1 TITLE	1-21	☐ Change ☐ Addition
ì	ME		,		5.2 NAME		
	REET ADDRESS				5.3 STREE	T ADDRESS	SS
	ry-st-zip	ļ. ,			5.4 CITY-5	T-ZIP	
-	LE .		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NA.	ME		, ,	•	6.2 NAME	÷	

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 comporation or the man of 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 chapter 3, or on an of the part of the component of the comp

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP