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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K81437** (1)
1. Corporation Name
OLD TOWN TRAVEL, INC.

Principal Place of Business
**115 TAMiami TRAIL
PUNTA GORDA FL 33950
US**

Mailing Address
**115 TAMiami TRAIL
PUNTA GORDA FL 33950-3600
US**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**SANTIAGO, JANE A
OLD TOWN TRAVEL, INC.
115 TAMiami TRAIL, #4164
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
04/19/1989

3a. Date of Last Report
04/19/1996

4. FEI Number

65-0124348

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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

(Print name of registered agent and the name of the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. DP ☒ DELETE
NAME **OLLINGER, VALERIE**
STREET ADDRESS **715 W MARION AVE**
CITY-STATE-ZIP **PUNTA GORDA FL**
TITLE **DV** ☐ DELETE
NAME **DUNN, SANDRA L.**
STREET ADDRESS **549 LOCKWOOD**
CITY-STATE-ZIP **PORT CHARLOTTE FL**
TITLE **DST** ☐ DELETE
NAME **JANE A. SANTIAGO**
STREET ADDRESS **599 ENCARNACION STREET**
CITY-STATE-ZIP **PUNTA GORDA FL**
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **201 Robina Street**
3.4 CITY-STATE-ZIP **Port Charlotte, FL**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 furnished 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.

SIGNATURE: *Jane A. Santiago* **JANE A. SANTIAGO**

3/10/97 (941) 639-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Print

Signature with block

0403400

CR2E034 (9/96)