

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90094 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L45955

1. Corporation Name

LET'S TALK TRAVEL, INC.

Principal Place of Business

Mailing Address

% CHARLOTTE DOSS

% CHARLOTTE DOSS

~~8328 35TH AVENUE NORTH~~

~~8328 35TH AVENUE NORTH~~

~~ST PETERSBURG FL 33710~~

~~ST PETERSBURG FL 33710~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1990

4. FEI Number

59-2985953

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 7884 LANTANA CREEK RD.

2a. Mailing Address

26 7884 LANTANA CREEK RD.

Suite, Apt. #, etc.

22 - - -

Suite, Apt. #, etc.

27 - - -

City & State

23 LARGO, FL

City & State

28 LARGO, FL.

Zip

24 33777

Country

25 PINELLAS

Zip

29 33777

Country

30 LARGO

9. Name and Address of Current Registered Agent

DOSS, CHARLOTTE

~~8328 35TH AVENUE NORTH~~

~~ST PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name

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

7884 LANTANA CREEK RD. (NEW ADDRESS)

83

84 City  
LARGO

FL

85 Zip Code  
33777

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DOSS, HUGH  
STREET ADDRESS ~~8328 35TH AVE N~~ 7884 LANTANA CREEK RD.  
CITY-ST-ZIP ~~ST PETERSBURG FL~~ LARGO, FL. 33777

TITLE D ☐ DELETE  
NAME DOSS, CHARLOTTE  
STREET ADDRESS ~~8328 35TH AVE N~~ 7884 LANTANA CREEK RD.  
CITY-ST-ZIP ~~ST PETERSBURG FL~~ LARGO, FL. 33777

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 indicates that 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:

*Charlotte Doss*

CHARLOTTE DOSS/PRESIDENT

4/26/99

(727) 345-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)