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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # M24739

1. Corporation Name
CITIZENS TRAVEL, INC.

Principal Place of Business	Mailing Address
401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2617482 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMNER, ALFRED R. 1221 BRICKELL AVENUE 25TH FLOOR MIAMI FL 33131	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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SINK, ADELAIDE A.		1.2 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MALLARD, LARRY W.		2.2 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWMAN, RITA J.		3.2 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, GARY		4.2 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, MARY-ANN		5.2 NAME		
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		5.3 STREET ADDRESS	5/19/99 90018 001 7500.00	
CITY-ST-ZIP	CHARLOTTE NC 28255		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	VP	☐ Change ☐ Addition
NAME	LOCKE, JANET		6.2 NAME	Duane L. Smith	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		6.4 CITY-ST-ZIP	401 N TRYON ST CHARLOTTE NC 28255	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption statec ...utes. 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: Duane L. Smith **DUANE L. SMITH, VP** **4/27/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/96)

AD