

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90249 040 ***158.75

DOCUMENT # M99965

1. Entity Name

SOUTHERN TRAVEL MANAGEMENT, INC.



Principal Place of Business

PLAZA 300 EAST
SUITE 233, 300 31ST ST NORTH
ST. PETERSBURG FL 33713
US

Mailing Address

PLAZA 300 EAST
SUITE 233, 300 31ST ST NORTH
ST. PETERSBURG FL 33713
US

24057961



MOORE CR2E034 (11/03)

2. Principal Place of Business

5291-42ND St. South

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg FL

City & State

ST. Petersburg FL

Zip

33711

Country

Pinellas

Zip

33733

Country

Pinellas

4. FEI Number

59-2908921

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEEKER, PAUL D.
PLAZA 300 EAST, SUITE 233
300 31ST STREET NORTH
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name MEEKER, PAUL D.

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

5291-42ND St. So.

City ST. Petersburg FL Zip Code 33711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul D. Meeker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME MEEKER, PAUL D.
STREET ADDRESS PLAZA 300 EAST, SUITE 233, 300 31 ST N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VSD ☐ Delete
NAME MEEKER, KATHRYN L.
STREET ADDRESS PLAZA 300 EAST, SUITE 233, 300 31ST ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME MEEKER, PAUL D.
STREET ADDRESS 5291-42ND St. So
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VSD ☒ Change ☐ Addition
NAME MEEKER, KATHRYN L.
STREET ADDRESS 5291-42ND St. So
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul D. Meeker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 727-321-4655

Date

Daytime Phone #