

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-29-1999 90071 004 ****61.25

DOCUMENT # N94000001082

1. Corporation Name

SELLERS OF TRAVEL ASSOCIATION, INC.

Principal Place of Business

311 S. CALHOUN STREET
STE. 201
TALLAHASSEE FL 32301-1807

Mailing Address

311 S. CALHOUN STREET
STE. 201
TALLAHASSEE FL 32301-1807



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3223528

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

9. Name and Address of Current Registered Agent

FLEETWOOD, ROSS

~~311 S. CALHOUN STREET~~
~~STE. 201~~
~~TALLAHASSEE FL 32301-1807~~

3713 PINE TIP ROAD
TALLAHASSEE FL 32312-7016

10. Name and Address of New Registered Agent

81 Name FLEETWOOD, ROSS

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

3713 PINE TIP ROAD

83

84 City TALLAHASSEE

FL

85 Zip Code 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD

NAME FLEETWOOD, ROSS

STREET ADDRESS ~~215 S. MONROE ST., SUITE 350~~ 3713 PINE TIP ROAD

CITY-ST-ZIP TALLAHASSEE FL 32301-1807 32312-7016

TITLE D

NAME DEPUY, C.E. JR.

STREET ADDRESS ~~215 S. MONROE ST., SUITE 350~~

CITY-ST-ZIP TALLAHASSEE FL

TITLE SD HERRON, JAMES M. SR.

NAME HERRON, JAMES M. SR.

STREET ADDRESS 151 TREASURE ISLAND C'WAY

CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D

NAME SALZEDO, MARIN A

STREET ADDRESS 1850 ELLER DR

CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE D

NAME DELCORO, NICHOLAS V

STREET ADDRESS 1 BEACH DRIVE

CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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 617, 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: *Ross Fleetwood* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 (852) 422-0300

CR2E037 (11/98)