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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13259

(7)

Mailing Address

TRAVIS DEVELOPMENT CORPORATION

1374 AUGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708		1374 AUGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708-4230							
					3. Date Incorporated or Qualified				
2. Principal F	lace of Business	2a. Mailing Address	a. Mailing Address					Applied For	
21 354	8 Edgewater Drive	26 3340 Edguater Drive			76-0197985	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23 Orlando, Fr		28 Orlando, FL		Trust Fund Contribution					
l 2in	L Country	Zip	Countr	у	8. This corporation has liability for	intangib	le tax under	s. 199.032,	
24 32	804 25	29 32804 30					☐ No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
. BL∕	and, robert f.		81	Name					
1374 AUGUSTA NATIONAL BLVD			82	Street A	Address (P.O. Box Number is Not Acceptable)				
WINTER SPRINGS FL 92700			"	) bliebt A	triducid (i.e. box ridinger is thet recognition)				
33	48 Edgenater Drive	<b>.</b>	83						
0	rlando, F2 32804		-					0-1	
			84	City		F	L  85   Z <sub>1</sub>	p Code	
office or		of Florida. Such change was author	ized b	y the corpo	corporation submits this statement for the oration's board of directors. I hereby accora-				
SIGNATURE									
	Easy easy typestricipe as a control or getter diag			ent signature r	equired when reinstating)	DATE			
12.	PST OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	CEHS AN			
गितः	1		1.1 TIFLE		PST Pohod 5		∐ Change	a LI Addition	
NAME	ANZA ALIOLITA NATIONAL BLU		1.2 NAME 15.		Bland, Robert F. 3348 Edgwater Frie				
STREET AUDRESS									
CHY-ST Z0	WINTER SPRINGS FL		1,4 CITY-ST-ZIP		Orlando, FL 3280H				
1:TLE		☐ DELETE	.1 TITLE				☐ Change	e L. Addition	
NAM:			2 NAME	1					
STREET ADDRESS		<b>]</b> 2	3 STREE	T ADDRESS					
City St 7th	1		4 CITY	-ST-ZIP					
11111		☐ DELFTE 3	1 TITLE				☐ Change	e 🔲 Addition	

**3.2 NAME** 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5 1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6 2 NAME

DELETE

DELETE

☐ DELETE

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated 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

SIGNATURE:

NAME

TP11

NAME

THE

10LE

NAME STREET AUDRESS

STREET ADDRESS

STREET ADDRESS City St 7th

STREET ADDRESS

CHTY - ST. 719

OFY-SL ZP

City St. ZiP

407-422-8191

Change

Change

Change

Addition

Addition

Addition

Mar 12 1997 8:00am

Secretary of State