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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021225 (6)

1. Corporation Name

AUTOMATED TRAVEL CENTER, INC.

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
2701 N. ROCKY PT. DR. #1100 TAMPA FL 33607 US	2701 N. ROCKY PT. DR. #1100 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 03/22/1993

3a. Date of Last Report: 07/03/1995

2. Principal Place of Business	2a. Mailing Address
21 4710 EISENHOWER BLVD	26 4710 EISENHOWER BLVD.
Suite, Apt. #, etc. 22 SUITE F-2	Suite, Apt. #, etc. 27 SUITE F-2
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip 24 33634-6337 Country 25	Zip 29 33634-6337 Country 30

4. FEI Number: 59-3173859 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUNNELLS, KENT B
7650 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: RICK ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable): 101 EAST KENNEDY BOULEVARD
83 SUITE 2125
84 City: TAMPA FL 85 Zip Code: 33602

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: Richard A. Roberts 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	THOMPSON, JAMES A		1.2 NAME	ROBERT KELISH
STREET ADDRESS	2701 N. ROCKY PT. DR., #1100		1.3 STREET ADDRESS	4710 EISENHOWER BLVD., SUITE F-2
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33634-6337
TITLE	VP	☒ DELETE	2.1 TITLE	V. PRESIDENT/SEC/TREAS ☒ Change ☐ Addition
NAME	CARTER, JESSIE		2.2 NAME	SANDRA BRADDOCK
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY.		2.3 STREET ADDRESS	4710 EISENHOWER BLVD., SUITE F-2
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FLORIDA 33634-6337
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, SANDRA		3.2 NAME	400002207254--5
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY.		3.3 STREET ADDRESS	-06/10/97--01039--001
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	REINSTATEMENT 9/9/97
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	400002207254--5
STREET ADDRESS			5.3 STREET ADDRESS	-06/10/97--01039--002
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****525.00 ****525.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	400002207254--5
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/97--01039--003
CITY-ST-ZIP			6.4 CITY-ST-ZIP	****225.00 ****225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Braddock 04/28/97 (813) 888-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #