**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000023895 Corporation Name

STATEWIDE TRAVEL SERVICES, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90121 044 \*\*\*150.00



Principal Place of Business Mailing Address				- I SBBITHER 119 (AITH 1211; BAIT) BAIT BAIL BAILE (1800 TICAL 1011A 1610) AIT 1001	
124 MIRACLE STRIP PKWY SE 124 MIRACLE STRIP PKWY SE			Ē		·
FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548			-		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed	
					3. Date incorporated of Qualified 03/29/1993
2 Ontracts of Di	of Business	2a. Mailing Address		<del></del> .	4. FEI Number Applied For
					59-3176646 Not Applicable
<b>*</b> '			Suite, Apt. #, etc.		_ \$8.75 Additional
22 27 _					5. Certificate of Status Desired Fee Required
City & State		City & State		· ···	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country	1	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of New Registered Agent
HARRIS, CYRUS W II			81	Name	
124 MIRACLE STRIP PKWY SE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)
FT WALTON BEACH FL 32548			83	ļ	
, , ,	772,017 021.077 12 020 10		00		
			84	City	FL 85 Zip Code
11 Ourseant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-named corr	poration submits this statement for the numose of changing its registered
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. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Fiorid	a Statutes	S.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, CYRUS W II		1.2 NAME		•
STREET ADDRESS	124 MIRACLE STRIP PKWY SE		1.3 STREE	TADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		1.4 CITY- 9	ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, C.W. SR.		2.2 NAME		
STREET ADDRESS	124 MIRACLE STRIP PKWY SE		2.3 STREE	T ADORESS	
City-St-ZiP	-FT-WALTON-BEACH FL		2. 4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			ľ	TADDRESS	
CITY-ST-ZIP	<del></del>	☐ DELETE	3.4. CITY	ST-ZIP	☐ Change ☐ Addition
TITLE		C DETAILE	4.1 TITLE 4. 2 NAME		
NAME			1		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		DELETÉ	4.4 CITY-5 5.1 TITLE	51-219	☐ Change ☐ Addition
TITLE		ر ۵۰۰۰۰	5.2 NAME		
NAME				TADDRESS	
STREET ADDRESS			5.4 CITY-5		•
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	-	☐ Change ☐ Addition
NAME		<del></del> -	6.2 NAME	j	
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP			64 CITY-5	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 receive or frustee 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 attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or frustee 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 attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or frustee 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 attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or frustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR