1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030395

TOWN CENTER TRAVEL, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90041 016 ***150.00



Principal Place	of Business	Mailing Address							
1441 TAMIAMI TRAIL		1441 TAMIAMI TRAIL							
275		275			DO NOT WRI	DO NOT WRITE IN THIS SPACE			
PORT CHARLOT	TE FL 33948	PORT CHARLOTTE FL 33948			3. Date Incorporated or Qualifed				
US		US			} ··· •				
					04/22/1993 4. FEI Number		T An	plied For	
2. Principal Pl	ace of Business	2a. Mailing Address ──							
21		26		65-0411932			t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	. 🗆	\$8.75 A Fee Red			
22		27		1 102	.		·		
City & State		City & State		6. Election Campaign Financing		\$5.00			
23		28		Trust Fund Contribution		Added to	5 Fees		
Zip	Country	Zip	Country	'	8. This corporation owes the curr	ent year Intani	gible T es	□No	
24	25	29 30	<u> </u>		Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	registered Ag	ent		
			81	Name					
	NT, LORRAINE		82	Street .	Address (P.O. Box Number is Not Accepta	able)			
	Creek Dr.								
POR'	T CHARLOTTE FL 33952		83					}	
			84	C:L		-	85 Zip C	ode	
			84	City		FL	D Z P	/000	
11 Purcuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named	corporation submits this statement for the	purpose of ch	anging its	registered	
office or re	pointared agent or both in the State 0	f Florida. Such change was auth	onzea by	the corb	oration's board of directors. I hereby acce	pt the appointr	nent as reg	gistered	
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0303, Florida	a Statutes	.				}	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	aistered Aae	nt signature r	required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TILE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	GRANT, MICHAEL		1.2 NAME		1			ļ	
				T ADDRESS					
STREET ADDRESS	119 CREEK DR.		1.4 CITY-S						
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	☐ DELETE	2.1 TITLE	1-ZIP			Change	Addition	
TITLE	D	E3 DECETE				•		_	
NAME	GRANT, LORRAINE		2.2 NAME						
STREET ADDRESS	119 CREEK DR.			TADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	-	2. 4 CITY-	ST-ZIP			Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			ı	ca.ige		
NAME		•	3.2 NAME						
STREET ADORESS	• .			T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Observe:	D Addis	
TITLE	-:	☐ DELETE	4.1 TITLE			Į	Change	☐ Addition	
NAME	•		4. 2 NAME					ļ	
STREET ADDRESS	•		4.3 STREE	TADORESS	1				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE	•			Change	Addition	
NAME			5.2 NAME					}	
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CSTY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
			6.2 NAME						
NAME				T ADDRESS					
STREET ADDRESS			=		ì				

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP