

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

03-02-1999 90091 001 \*\*\*158.75

DOCUMENT # P93000053057

1. Corporation Name  
TRAV-LINK, INC.

Principal Place of Business

3615 S. FLORIDA AVE.  
SUITE 1200  
LAKELAND FL 33803

Mailing Address

3615 S. FLORIDA AVE.  
SUITE 1200  
LAKELAND FL 33803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3530 S. OSAREY AVE  
Suite, Apt. #, etc.

2a. Mailing Address

723 NORVOTA WAY  
Suite, Apt. #, etc.

City & State

SARASOTA, FL  
Zip Country

34239 USA

City & State

SARASOTA, FL  
Zip Country

34242 USA

3. Date Incorporated or Qualified

07/26/1993

4. FEI Number 59-3188350  
NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, RONALD T.  
5015 S. FLORIDA AVENUE  
SUITE 310  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name CLIFFORD G LEE JR

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

723 NORVOTA WAY

83

84 City SARASOTA

FL

85 Zip Code 34242

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 607.0503, Florida Statutes.

SIGNATURE Clifford G Lee Jr. PRESIDENT

1/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CLIFFORD, G. LEE JR.  
STREET ADDRESS 6018 CRICKET DR.  
CITY-ST-ZIP LAKELAND FL 33813

TITLE V ☒ DELETE

NAME ALMAZAN, SUSAN K  
STREET ADDRESS 2566 HIGHLANDS VUE PKWY  
CITY-ST-ZIP LAKELAND FL 33813

TITLE V ☒ DELETE

NAME BOWMAN, ELAINE A  
STREET ADDRESS 4215 RIDGE RD  
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 723 NORVOTA WAY

1.4 CITY-ST-ZIP SARASOTA, FL 34242

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME B. DONALD FALEY

2.3 STREET ADDRESS 5176 FRUITVILLE RD

2.4 CITY-ST-ZIP SARASOTA, FL 34240

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/15/99 (941) 346-5003

Date

Daytime Phone #

CR2E034 (11/98)