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## 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

## DOCUMENT # P95000040787

Corporation Name

Principal Place of Business  2210 TAMIAMI TRAIL SO. VENICE FL 34289  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 05/22/1995  2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Princ	SETTLES/DAVIS TRAVEL, INC.										<b>e</b> ni 1881 1881	
Principal Place of Business   Mailing Address												
VENICE FL 34293  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed O5/22/1995  4. FEI Number 65-0551261  Not Applied For Not Applicable 65-0551261  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$5.00 May Be Added to Fees   \$5.00 May Be Added t	Principal Place of Business Mailing Address			·			7		BANKI MENN ANDRE I			
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Zip Country  2ip Country  2ip Country  2ip Country  30 Street Address of New Registered year Intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  DAVIS, HAROLD E 2210 TAMIAMI TRAIL SO. VENICE FL 34293  8. This corporation owes the current year Intangible Personal Property Tax.  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)		5	<b>├</b> ──									
9. Name and Address of Current Registered Agent  DAVIS, HAROLD E 2210 TAMIAMI TRAIL SO. VENICE FL 34293  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)		Country	Zip	Cour	ıtry		8.	This corporation owes the curre			_	
DAVIS, HAROLD E 2210 TAMIAMI TRAIL SO. VENICE FL 34293  81 Name  82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	24	25	29	30							□No	
DAVIS, HAROLD E 2210 TAMIAMI TRAIL SO. VENICE FL 34293  Street Address (P.O. Box Number is Not Acceptable) 83		9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	gistered Age	nt		
2210 TAMIAMI TRAIL SO.  VENICE FL 34293  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)	5.11	0 1/10015 F			81   1	Vame		•				
VENICE FL 34293 83				f	82 5	Street Add	ress (P	O. Box Number is Not Acceptat	le)			
and any and any and any any and any												
84 City FL 85 Zip Code	VENI	CE FL 34293			83							
				F	84 (	City			Fi 8:	5 Zip C	ode	
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	44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	s the ab	ove-n	amed com	oration	submits this statement for the p	umose of char	nging its i	registered	
11. Pursuant to the provisions of sections out 10022 and out 1000, Florida Statutes, the abovernance corporation's board of directors. I hereby accept the appointment as 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.	office or re	egistered agent, or both, in the State (	of Florida. Such change was aut	thorized	by the	corporation	on's bo	pard of directors. I hereby accept	the appointme	int as reg	istered	
SIGNATURE [ NOTE Peristered Asset signature required when reinstating] DATE	SIGNATURE								note:			
Signature, typed or printed name of registered agent and time it applicable.					Registered Agent signature requir			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
Change Addition				_				ADDITIONS/CHANGES TO OFF				
OCCUPATION AND AND AND AND AND AND AND AND AND AN	}	'		1						-	_	
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		S DELETE			2.1 TITLE					Change	Addition	
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			590 SUNSET BEACH DRIVE			DRESS		ور <sup>مدین</sup> شهر د	en aliment of the P	%	إد سم ٠٠	
CITY-ST-ZIP VENICW FL 2 4 CITY-ST-ZIP												
TILE V DELETE 3.1 TILE Change Addition			☐ DELETE					<u> </u>		Change	☐ Addition	
NAME DAVIS, BONNIE K 32 NAME		•		3.2 NA	ME	1					ĺ	
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CITY-ST-ZIP VENICE FL 34. CITY-ST-ZIP												
TITLE DELETE 4.1 TITLE Change Addition		y gar streets 1 to	☐ DELETE	_						Change	Addition	
NAME 4.2 NAME												
STREET ADDRESS 4.3 STREET ADDRESS	NAME			4. 2 NA	ME	ì						

14. 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Harold E Hours E HAROLD E. DAVIS
SURPATIBLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/23/99

941-497-7292

Addition

Addition

Change

☐ Change

CR.ZEUS4 (14/96)