

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095520 (9)

1. Corporation Name

ALL TRAVEL SERVICES, IINC.

Principal Place of Business

8025 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

Mailing Address

8025 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

59-3353840

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

HIGGINSON, JERRY L SR
8025 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 D
NAME HIGGINSON, JERRY L SR
STREET ADDRESS 4524 RICHFIELD STREET
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

TITLE D
NAME O'CONNOR, JACQUELINE
STREET ADDRESS 85 HAMMOCKS DRIVE
CITY-ST-ZIP OCOEE FL 34761 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME HIGGINSON, JERRY L SR
1.3 STREET ADDRESS 4524 RICHFIELD STREET
1.4 CITY-ST-ZIP ORLANDO, FL 32808 ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME HIGGINSON, JERRY L. JR
2.3 STREET ADDRESS 2943 LARSON STREET
2.4 CITY-ST-ZIP KISSIMMEE, FL 34741-1122 ☐ Change ☒ Addition

3.1 TITLE SO
3.2 NAME VOGEL, SHERI L.
3.3 STREET ADDRESS 2438 OAK RIDGE BLVD.
3.4 CITY-ST-ZIP KISSIMMEE, FL 34744 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

J. Higginson Sr. JERRY L. HIGGINSON SR.

Date

3/4/98

407-851-1751

CR2E034 (10/97)