

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 31, 1999 8:00 am
Secretary of State

03-31-1999 90041 047 ***150.00

DOCUMENT # P95000095776

1. Corporation Name
PERENNIAL TRAVEL, INC.



Principal Place of Business
5915-P MEMORIAL HWY
TAMPA FL 33615
US

Mailing Address
5915-P MEMORIAL HWY
TAMPA FL 33615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

59-3347592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GALEN, CLARK
6345 RAVENWOOD CT
SARASOTA FL 34243

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	PTD	<input type="checkbox"/> DELETE
NAME	GALEN, CLARK	
STREET ADDRESS	7606 PRESERVES CT.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GALEN, PHYLLIS R	
STREET ADDRESS	7606 PRESERVES CT.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALEN, MARYLYN	
STREET ADDRESS	7606 PRESERVES CT.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Galen, Clark	
1.3 STREET ADDRESS	6345 Ravenwood Court	
1.4 CITY-ST-ZIP	Sarasota, FL 34243	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Galen, Phyllis R.	
2.3 STREET ADDRESS	6345 Ravenwood Court	
2.4 CITY-ST-ZIP	Sarasota, FL 34243	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Galen, Marylynn	
3.3 STREET ADDRESS	8554 JR Manor Drive	
3.4 CITY-ST-ZIP	Tampa, FL 33634	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

01/10/99

Date

(941) 355-1721

Daytime Phone #

CR2E034 (11/98)