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FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013331 (9)

1. Corporation Name

TRAVEL MANAGEMENT, INC.



Principal Place of Business

2182-D ANCHORAGE LANE  
NAPLES FL 33942

Mailing Address

% ROBERT D. ROYSTON, JR., ESQ.  
P.O. DRAWER 60205  
FORT MYERS FL 33906-6205

3. Date Incorporated or Qualified  
02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 1232 AIRPORT RD N  
Suite, Apt. #, etc.

22 NAPLES, FL  
City & State

23

24 34104  
Zip

Country

25 COLLIER

2a. Mailing Address

26 % ANGELA E PEACH  
Suite, Apt. #, etc.

27 1232 AIRPORT RD N  
City & State

28 NAPLES FL

29 34104  
Zip

Country

30 COLLIER

4. FEI Number

65-0641385

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

ROYSTON, ROBERT D. JR.  
12670 NEW BRITANNY BLVD.  
SUITE 101  
FORT MYERS FL 33908

81 Name

ANGELA E PEACH

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

1232 AIRPORT RD N

83

84 City

NAPLES

FL

85 Zip Code

34104

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

Angela E Peach

(NOTE: Registered Agent signature required when reinstating)

3/14/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEACH, ANGELA E  
STREET ADDRESS 2182-D ANCHORAGE LANE  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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:

Angela E Peach

ANGELA E PEACH

3/14/97

941-643-6566

CR2E034 (9/96)