Apr 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027279

VILLAGES	S TRAVEL COMPANY								
Principal Flace	e of Business	Mailing Address		_					
1100 MAIN 3T		1100 MAIN ST							
LADY LAKE FL 32159 LADY LAKE FL 32159						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualife	d		
						03/28/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3368555			ct Applicable
Suite, /vpt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional
22		27							equired
City & State	e	City & State				6. Election Campaign Financing	³ 🗆		May Be to Fees
23	Country	Zip		untry		Trust Fund Contribution	report vess		01663
Zip	25	29	30	aria y		 This corporation owes the cu Personal Property Tax. 	sient year	✓ Yes	χNo
24	9. Name and Address of Curre		30	η		10. Name and Address of New	Register	ed Agent	/
	3. Name and Ad Jess of Gare			81	Name				
BURN	NSED, R. DEWEY				01 11	(D.O. Day Nigether in Net Account	tabla)		
1:000 W MAIN ST				82	Street F.da	ress (P.O. Box Number is Not Accep	nable)		
LIEES	BURG FL 34748			83					
					0:4:			85 Zip	Code
									-5000
				84	City	and the submits this statement for th	-	·L	registered
office or re agent. Lai	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Flonda. Such change was extions of, Section 607.0505, F	lorida Sta	above d by tutes.	e-named corporati	poration submits this statement for the construction of directors. I hereby accorded when reinstatin ()	e nurnos:	of changing its	s registered egistered
office or re agent. I at	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Flonda. Such change was extions of, Section 607.0505, F	lorida Sta	above d by tutes	e-named corporati	poration submits this statement for the form is board of directors. I hereby account and when reinstatin i). ADDITIONS/CHANGES TO C	ept the ap	of changing its	
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CITY-ST-ZIP 14. Her sby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a sourate 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 chang action on an attachment with an address, with all other like empowere 1.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OF SIGNING OFFI SER OR DIRECTOR

DELETE

Change

Addition