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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046188 (4)

CRUISE & TRAVEL CENTER, INC.

FILED
Apr 13 1998 8:00am
Secretary of State

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904-259-8747

Principal Place of Business Mailing Address								
703 NORTH 7		ROUTE 2 BOX 461-A			İ			
MACCLENNY FL 32063		MACCLENNY FL 32063			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IN THIS SPACE		
					05/24/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26	··.		59-3319948		Not Applicable	
Suite, Apt. (	₩, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	)	City & State			6. Election Campaign Financing	tion Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Coun	ry	8. This corporation owes or has pai			
24	25	29	30		Personal Property Tax due June		∐ No	
	9 Name and Address of Curren	t Registered Agent		1 Name	10. Name and Address of New Rec	istered Agent		
	OK, CHARLOTTE J		l°	1 Name				
703 NORTH 7TH STREET MACCLENNY FL 32063					dress (P.O. Box Number is Not Acceptable)			
			E	3			<del></del>	
			8	4 City		FL 85 Zij	p Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the p	urpose of changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Fforida. Such change was ations of, Section 607,0505. F	authorized Iorida Statul	by the corpora es.	ation's board of directors. I hereby accep	t the appointment a	as registered	
SIGNATURE	Charlotter			J. Cook)		4-06-98		
	Signature, typed or printed films of registered as	and tille if applicable (NC	116 Registered	gent signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	E		☐ Change	e 🔲 Addition	
NAME	COOK, WILLIAM G		1.2 NAM	IE				
STREET ADDRESS	703 NORTH 7TH STREET		1.3 STR	ET ADDRESS				
CITY-ST-ZIP	MACCLENINY FL 32063			-ST-ZIP				
TITLE	AD	☐ DELETE	2.1 TITL	E		Change	e Addition	
NAME	COOK, CHARLOTTE J		2.2 NAM					
STREET ADDRESS	703 NORTH 7TH STREET		- 1	ET ADDRESS				
CITY-ST-ZIP	MACCLENINY FL 32063	Decem		r-ST-ZIP		- T A	. The same	
TITLE		☐ DELETE	3.1 TITL			L Change	e Addition	
HAME			3.2 NAN					
STREET ADDRESS				EET ADDRESS			4	
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP		Change	e Addition	
NAME		C Ottete	4.1 YITL 4. 2 NAI			L_1 Change	, Li Muditidit	
STREET ADORESS			•	EET ADDRESS				
- 1								
CTTY-ST-ZIP TITLE		DELETE	5.1 TITE	-ST-ZIP		Change	e	
NAME			5.2 NAM			V95		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		DELETE	6.1 TITL			Change	e Addition	
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
14 I hereby o	certify that the information supplied w	ith this filing does not qualify	for the exer	notion stated it	n Section 119.07(3)(i), Florida Statutes. I	further certify that t	he Information	
indicated officer or i Block 12 (	on this annual report or supplement director of the corporation or the roo or Block 13 if changed, it on a valta	al armival report is true and ac olver or trustee empowered to chmo it with an address.	ocurate and o execute th	that my signat is report as rec	ure shall have the same legal effect as if quired by Chapter 607, Florida Statutes;	made under oath; and that my name a	that I am an appears in	