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

DOCUMENT # P96000047982

1. Corporation Name

TOURS & DETOURS, INC.

Principal Place of Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90078 040 ***150.00



		1272 ABBEY CRESCENT LN CLEARWATER FL 33759				
CLEARWATER FL 33759 CLEARWATER FL 33759			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				05/31/1996		İ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
21 128	II 66TH STREETN	26 12811 66TH	STREET N	59-3387814	Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	al
22	<u></u>	27		5. Certificate of Status Desired	160 Fee Required	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	,
23 LAP20	GO, FLORIDA	28 LARGO, FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24 337		29 33773 30	USA_	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
WENDT, ROBERT J				COBERT WEWN	7	
1272 ABBEY CRESCENT LN			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	and 1 7 1 1	\mathbf{Z}
	ARWATER FL 33759	72 ABBEY CRESC	EMI WIS	<i>[</i> 2		
CLE	HUMAIEN I E 2012a		83			
	•		84 City	1 4 20 -	85 Zin Code	
l			- "		L 3377	2
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above-named corp	oration submits this statement for the purpose	of changing its register	ed
office or r	registered agent, or both, in the state of im familiar with, and accept the obligation	ons of Section 607.0505, Florida	Statutes.	on's board of directors. I hereby accept the ap	pomanera ao regioterea	
SIGNATURE	Role- HATTIE	A		•		ĺ
SIGNATORE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Regi	istered Agent signature requires			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		dition
TITLE	DP	☐ DELETE		CE PRESIDENT	☐ Change ☑ Ac	IGIUON
NAME	WENDT, ROBERT J		12 NAME	recory bray		
STREET ADDRESS	1272 ABBEY CRESCENT LN		1.3 STREET ADDRESS 2	17 27TH STREET N	di o	ĺ
CITY-ST-ZIP	CLEARWATER FL 33759	·	1.4 CITY-ST-ZIP	petersburg fl 337		
TITLE	ST	☐ DELETE	2.1 TITLE	•	Change Ad	idition [
NAME	WENDT, JEAN		2.2 NAME			
STREET ADDRESS	1272 ABBEY CRESCENT LN	· [2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	CLEARWATER FL 33759		2. 4 CITY-ST-ZIP			
-TITLE	-	☐ DELETE-	3.1 TITLE			dition
NAME			3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIFLE		Change Ac	ldition
NAME						
		_	4. 2 NAME			ł
STREET ADDRESS		1	4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS	かいから 10 0000 新春な	1	4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	10 (40) 1			· · · · · · · · · · · · · · · · · · ·	ChangeAc	ddition
CITY-ST-ZIP	10 (40) 10 (40	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Ac	ddition
CITY-ST-ZIP TITLE NAME.	10 gerte 1	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change ☐ Ac	dition
CITY-ST-ZIP	11 Jan 19 	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change ☐ Ad	dition

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 receiper 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS