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May 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 # P96000062338 (4)

1. Corporation Name

TRAVIS MCGEE PROPERTIES, INC.

Principal Place of Business

838 ALTON AVE
ORLANDO FL 32822

Mailing Address

838 ALTON AVE
ORLANDO FL 32804-2004



2. Principal Place of Business

21 5937 Anno Ave

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

Zip Country

24 32809 25

2a. Mailing Address

26 PO Box 590005

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

Zip Country

29 32859 30

3. Date Incorporated or Qualified

07/23/1996

3a. Date of Last Report

4. FEI Number

59-3388783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DELISLE, MARC D
5760 S SEMORAN BLVD
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

Delisle, Marc D

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

838 Alton Ave

83

84 City

Orlando

FL

85 Zip Code

32804

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DELISLE, MARC D
STREET ADDRESS 5760 S SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL 32822

TITLE V ☐ DELETE

NAME DELISLE, PAUL R
STREET ADDRESS 41 SALTER ST
CITY-ST-ZIP PORTSMOUTH NH 03803

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 P ☒ Change ☐ Addition

1.2 NAME Delisle, Marc D
1.3 STREET ADDRESS 838 Alton Ave
1.4 CITY-ST-ZIP Orlando, FL 32804

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:

SIGNATURE REQUIRED

4/26/97

407-816-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)