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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 # P96000074305

1. Corporation Name

JR INCENTIVE TRAVEL, INC.



Principal Place of Business

646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706

Mailing Address

646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

2. Principal Place of Business

21 4950 GULF BLVD

Suite, Apt. #, etc.

22 # 1008

City & State

23 ST. PETE BEACH, FL

Zip

24 33706

Country

25 USA

2a. Mailing Address

26 4950 GULF BLVD

Suite, Apt. #, etc.

27 # 1008

City & State

28 ST. PETE BEACH, FL.

Zip

29 33706

Country

30 USA

4. FEI Number

59-3398003

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, DAN L
646 BOCA CIEGA ISLE
ST PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name

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

4950 GULF BLVD. # 1008

83

84 City

ST. PETE BEACH

FL

85 Zip Code

33706

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME JOHNSON, DAN L
STREET ADDRESS 646 BOCA CIEGA ISLE
CITY-ST-ZIP ST PETE BEACH FL

TITLE PD ☒ DELETE

NAME ROBEDEAU, GERALD H
STREET ADDRESS 17105 GULF BLVD APT 125
CITY-ST-ZIP NORTH REDINGTON BEACH FL

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/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4950 GULF BLVD. # 1008
1.4 CITY-ST-ZIP ST. PETE BEACH, FL. 33706

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (727) 367-4224

CR2E034 (11/98)