

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086761 (9)

1. Corporation Name

THE TRAVELER'S CHANNEL OF FLORIDA, INC.



Principal Place of Business

1050 GRANADA AVENUE  
SUITE 258  
MERRITT ISLAND FL 32952  
US

Mailing Address

8401 SHELBYVILLE ROAD  
SUITE 208  
LOUISVILLE KY 40222  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

65-0715131

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 208 SOUTH SUMMERLIN AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

City & State

28

Zip

24 32801

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCDONALD, RONDA  
1050 GRANADA AVENUE  
SUITE 258  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

JOE D. CROSS

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

208 SOUTH SUMMERLIN AVENUE

83

84 City

ORLANDO

FL

85 Zip Code

32801

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

JOE D. CROSS

JOE D. CROSS, PRESIDENT/DIRECTOR

4/21/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CROSS, JOE D.  
STREET ADDRESS 8401 SHELBYVILLE RD., SUITE 208  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE DP  
NAME DURHAM, J. STAFFORD  
STREET ADDRESS 8401 SHELBYVILLE ROAD, SUITE 208  
CITY-ST-ZIP LOUISVILLE KY ☒ DELETE

TITLE BT  
NAME JOHNSON, GREG  
STREET ADDRESS 8401 SHELBYVILLE RD, SUITE 208  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME CROSS, JOE D.  
1.3 STREET ADDRESS 208 SOUTH SUMMERLIN AVENUE  
1.4 CITY-ST-ZIP ORLANDO, FL 32801 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: [Signature] SECRETARY 4/21/98 800-603-4460

CR2E034 (10/97)