

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **P96000086970 (6)**

1. Corporation Name

ALL TRAVEL & TOURS, INC.

Principal Place of Business

**624 WAGER AVENUE
TITUSVILLE FL 32780**

Mailing Address

**POST OFFICE BOX 627
TITUSVILLE FL 32781-0627**

3. Date Incorporated or Qualified

10/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 3540 S. Hopkins Avenue

2a. Mailing Address

26 P. O. Box 627

4. FEI Number

59-3436741

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Titusville, FL

City & State

28 Titusville, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32780

Country

25 USA

Zip

29 32781

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TRAVIS, JOCILLE
624 WAGER AVENUE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

J. Travis

(Signature of registered agent or predecessor of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/97**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **TRAVIS, JOCILLE**
STREET ADDRESS **624 WAGER AVENUE**
CITY - ST - ZIP **TITUSVILLE FL 32780**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
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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 **TRAVIS, JOCILLE**
1.3 STREET ADDRESS **624 WAGER AVENUE**
1.4 CITY - ST - ZIP **TITUSVILLE FL 32780**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **WHITE, MARIA D.**
2.3 STREET ADDRESS **600 TROPIC STREET**
2.4 CITY - ST - ZIP **TITUSVILLE FL 32796**

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:

J. Travis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

407-269-1084

Daytime Phone #

CR2E034 (9/96)