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

P**RO**FIT CORP**O**RATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jun 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700001454 (2)

TRAVEL STOP, INC.

Principal Place of Business	Mailing Address		THE PROPERTY OF THE PROPERTY O	00111 00101 11011 01001 01111 1 101 1101
201 N FRANKLIN	201 N FRANKLIN			
SUITE 2600	SUITE 2800		DO NOT WOLF	W. T. W. A. D. A. O. F.
TAMPA FL 33602	TAMPA FL 33602		DO NOT WRITE	N THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		01/03/1997 4. FEI Number	Applied For
21 6503 US 301 North	26 6503 US 30	/ North	59-3427776	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.			¢0.75
22	27		Certificate of Status Desired	Fee Required
City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
23 Tampa, Florida	28 Tampa, FLOS	rida	Trust Fund Contribution	Added to Fees
Zip Country	Ζφ	Country	8. This corporation owes or has paid	
24 33610 25 Hills borough	29 33610 3	o Hillsborough		
······································	reflistered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
RAINEY, R. MARSHALL		Bo	yce N. Abernathy Tress (P.O. Box Number is Not Acceptable	
201 N FRANKLIN				e)
SUITE 2800		83	03 US 3 0) North	
• TAMPA FL 33602				
		84 City		FL B5 Zip Code
11. Pursuant to the provisions of Sections 607,0502 a	ord 607 1508. Etoricla Statutes	the above-named cor	and g	room of changing its registered
 Ottice or registered agent, or both in the State of 	Florida, Such change was aut	horized by the corpora	ation's board of directors. I hereby accept	the appointment as registered
agent. I am familiar with, and accept the obligation	ns of Becligh 607.0505, Plan	ja Stalutes.	4	1/30/98
Signature type for project of registered agent a	ed tour if applicable (NOTE 6	landstored Agent signature requ	ired when reinstaune)	DATE
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DELETE /	1.1 TITLE	President	Change Addition
NAME		1.2 NAME	Boyce N. Abernathy 6503 V5 301 North	
STREET ADORESS				
CITY-ST-ZIP	·	1.4 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	☐ DELLTE	2.1 TITLE	• •	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADORESS		
CITY-ST-ZIP		2. 4 CITY - S1 - ZIP		
TRLE	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP	Divers	3 4. CITY-ST-ZIP		
TITLE NAME	L_ DELETE	41 1111.		☐ Change ☐ Addition
		4. 2 NAME		
STREET ADDRESS		4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	L. J OCCUR	5.1 TITLE 5.2 NAME		Partition Partition
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				
TITLE	DELFTE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	hard ware in	6.2 NAME	700002561 -06/19/9801110	The state of the s
STREET ADDRESS		6 3 STREET ADDRESS	- 06 /19/980111(1000 MIX
City-St-zip	:	64 CITY-ST-ZIP	***150.00	, INO

14. Thereby 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 supplied indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that ham an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.