

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

FILED

**Jun 18 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 # P97000001462 (5)

1. Corporation Name
TRAVEL STOP OF LAKE LAND, INC.



Principal Place of Business
201 N FRANKLIN SUITE 2600 TAMPA FL 33602

Mailing Address
201 N FRANKLIN SUITE 2600 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **6503 US 301 North**
Suite, Apt. #, etc

2a. Mailing Address
26 **6503 US 301 North**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
01/03/1997

4. FEI Number
59-3428440

Applied For
Not Applicable

22 City & State
23 **Tampa, Florida**
24 Zip **33610**
Country

27 City & State
28 **Tampa, Florida**
29 Zip **33610**
Country
30 **Hillsborough**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAINEY, R. MARSHALL
201 N FRANKLIN SUITE 2600 TAMPA FL 33602**

81 Name **Boyce N. Abernathy**

82 Street Address (P.O. Box Number is Not Acceptable)
6503 US 301 North

83

84 City **Tampa** FL 85 Zip Code **33610**

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 *Boyce N. Abernathy*

DATE **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President Boyce N. Abernathy
1.3 STREET ADDRESS	6503 US 301 North
1.4 CITY - ST - ZIP	Tampa, FL 33610
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002566506
5.3 STREET ADDRESS	-06/19/98--01110--033
5.4 CITY - ST - ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Boyce N. Abernathy* THE PRESIDENT 4132008 812-602-1518

CR2E034 (10/97)