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Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000007093 (2)

1. Corporation Name

PHOENIX TOURS AND TRAVEL CORP.



Principal Place of Business

6324 COUNTY OAD 579  
ONE MILE NORTH OF I-4  
SEFFNER FL 33687

Mailing Address

6324 COUNTY OAD 579  
ONE MILE NORTH OF I-4  
SEFFNER FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

2. Principal Place of Business

21 1901 N. 13TH STREET

Suite, Apt. #, etc.

22 100

City & State

23 TAMPA, FL

Zip

24 33605

Country

2a. Mailing Address

26 1901 N. 13TH STREET

Suite, Apt. #, etc.

27 100

City & State

28 TAMPA, FL

Zip

29 33605

Country

4. FEI Number

59-3430194

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

9. Name and Address of Current Registered Agent

CAREY, MICHAEL R  
100 SOUTH ASHLEY DRIVE  
SUITE 1190  
TAMPA FL 33602

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

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 D  
NAME STANTON, JOHN  
STREET ADDRESS P.O. BOX 24567  
CITY-ST-ZIP TAMPA FL 33623-4567 ☐ DELETE

TITLE D  
NAME MCCARTHY, ERIN  
STREET ADDRESS P.O. BOX 24567  
CITY-ST-ZIP TAMPA FL 33623-4567 ☒ DELETE

TITLE D  
NAME WADE, SUSAN  
STREET ADDRESS P.O. BOX 34567  
CITY-ST-ZIP TAMPA FL 33623-4567 ☒ DELETE

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 D ☒ Change ☐ Addition  
1.2 NAME STANTON, JOHN  
1.3 STREET ADDRESS 1901 N. 13TH STREET, SUITE 100  
1.4 CITY-ST-ZIP TAMPA, FL 33605

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.

SIGNATURE

CR2E034 (10/97)