Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080984

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

S&R TRAVEL, INC.

Principal Place of Business	Mailing Address			
1435 MARKET ST TALLAHASSEE FL 32312 US	1435 MARKET ST TALLAHASSEE FL 32312 US			
2 Principal Place of Business	2a Mailing Address			

26

27

28

Zip

Suite, Apt. #, etc.

City & State

29 9. Name and Address of Current Registered Agent

Country

KOWALCHYK, DEAN C 1991 EAST LAFAYETTE STREET 4515 ARGYLE CHITE F.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90015 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired -- -

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

09/18/1997 4. FEI Number

59-3469148

TALLAHASSEE FL 32301- 3 2308											
		84	City	FL							
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 broad or printed name of registered agent and title if englicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Signature, typed or printed name or registered agent and use in applicable.											
12.	PD OFFICERS AND DIRECTOR		.1 TITLE	 -	ASSITIONATIONAL TO STRIBETTO AND	□Ch		Addition			
TITLE	, -	_				_	•	_			
NAME	NICHOLS, SHARON L		.2 NAME								
STREET ADDRESS	1435 MARKET ST		.3 STREE	radoress				}			
CITY-ST-ZIP	TALLAHASSEE FL 32312		4 CITY-S	T-ZIP				☐ Addition			
TITLE	STD	☐ DELETE :	.1 TITLE		~	☐ Ch	ange	☐ AUGILLON			
NAME	NICHOLS, B R	:	2 NAME					1			
STREET ADDRESS	1435 MARKET ST	:	.3 STREE	TADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL 32312		. 4 CITY- S	T-ZIP		<i>:</i>					
TITLE		☐ DELETE :	1.1 TITLE			□ ¢ħ	ange	Addition			
NAME		:	2 NAME								
STREET ADDRESS		:	3 STREE	ADDRESS							
CITY-ST-ZIP		:	4. CITY-5	T-ZIP							
TITLE		DELETE	L1 TITLE			Ch	ange	☐ Addition			
NAME			. 2 NAME					}			
STREET ADDRESS		•	3 STREE	T ADDRESS							
CITY-ST-ZIP			.4 CITY-S	T-ZIP		<u>г</u>		- Addition			
TITLE			i.1 TITLE			☐ Ch	ange	☐ Addition			
NAME		: -	i.2 NAME								
STREET ADDRESS		*		TADDRESS							
CITY-ST-ZIP			i.4 CITY-S	T-ZIP	• .						
TITLE		C) Deleve	3.1 TITLE			☐ Ch	ange	☐ Addition			
NAME.			3.2 NAME								
STREET ADDRESS			3.3 STREE	T ADDRESS		•		İ			
CITY-ST-ZIP			6.4 CITY-S		I A CONTROL SINGLE SING		i dha i-f				
14. I hereby o	certify that the information supplied with this filing do	es not qualify for the	exempt	ion state	d in Section 119.07(3)(i), Florida Statutes. I further cert	ny mai	that I s	omation man			

Country

82

30

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, with all other like empowered.