

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000082297 (7)**

1. Corporation Name

ALL WAYS TRAVEL WITH JANE, INC.

Principal Place of Business

**527 BRADFORD COURT
MARCO ISLAND FL 34145**

Mailing Address

**POST OFFICE BOX 107
MARCO ISLAND FL 34146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0784551

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

2. Principal Place of Business

2a. Mailing Address

21 870 BALD EAGLE DR 26 870 BALD EAGLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *B-2

27 *B-2

City & State

City & State

23 MARCO ISLAND, FL

28 MARCO ISLAND, FL

Zip

Country

Zip

Country

24 34145

25

29 34145

30

9. Name and Address of Current Registered Agent

**NEALE, PATRICK H
48 TEMPLEWOOD COURT
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name

MASTERS JANE

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

870 BALD EAGLE DR.

83

SUITE # B-2

84 City

MARCO ISLAND FL

85 Zip Code

34145

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

Sandra B. Northam

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
ATKINSON, JERRY
STREET ADDRESS
527 BRADFORD COURT
CITY-ST-ZIP
MARCO ISLAND FL 34145**

TITLE ☐ DELETE

**D
NAME
MASTERS, JANE
STREET ADDRESS
527 BRADFORD COURT
CITY-ST-ZIP
MARCO ISLAND FL 34145**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE *Sandra B. Masters/Owner* ☐ 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:

Sandra B. Northam

2-23-98 (941) 389-7666

CR2E034 (10/97)