PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081108

1. Corporation Name

OUTDOOR SOUTH TRAVEL, INC.

Principal Place of Business Mailing Address			<u> </u>				, 10101 11001 11011	
1102 N. NINTH AVE.		1102 N. NINTH AVE.						
			SACOLA FL 32501			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed	J OI AOL	
						09/16/1998		
2 5	land of Division of	2a. Mailing Addres				4. FEI Number	Ar	pplied For
一 ′	ace of Business	<u></u>	55			59-3533405	— <u>'</u>	ot Applicable
21 Suite Ant	# ata	26 Suite, Apt. #, 6				<u> </u>		Additional
Suite, Apt.	#, 610.	27				5Certifcate of Status Desired — -	_	equired
City & Stat		City & State			-	6. Election Campaign Financing	\$5.00	May Be
·		28				Trust Fund Contribution		to Fees
23 Zip	Country	Zip	Col	intry		8. This corporation owes the current year I		
24	25	29	30	•		Personal Property Tax.	☐ Yes	(XINO
24	9. Name and Address of Curren		1001			10. Name and Address of New Registere	d Agent	
3. Maine and Address of during tropics and Agent					Name			
TIMMONS, SIDNEY D			_		(2.0. 2			
1102	N. NINTH AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501				83				
, 2,10, 10 0 2 1 1 2 0 2 0 1			L					
				84	City	F	85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change	e was authorize	yd t	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Ager	nt signature required			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DEI	LETE 1.1 TI	TLE			Change	☐ Addition
NAME	TIMMONS, SIDNEY D		1,2 N	AME				
STREET ADDRESS	1102 N. NINTH AVE.		1.3 5	TREET	T ADDRESS			ļ
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 0	TY-S	T-ZIP			
TITLE	STD	☐ DEI	LETE 2.1 T	ΠE			Change	Addition
NAME	TIMMONS, DANA M		2.2 N	AME				
STREET ADDRESS	1102 N. NINTH AVE.		2.3 \$	TREE	TADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501		2.40	ITY- S	ST-ZIP			
TITLE		☐ DEI	LETE 3.11	TLE	1		☐ Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$	TREE	T ADDRESS			
CITY-ST-ZIP		3.4.		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE 4.1 TI		TLE			Change	☐ Addition	
NAME			4.21	IAME.				ļ
STREET ADDRESS			4.3 S	TREE	TADDRESS			
CITY-ST-ZIP			4.4 0	ΠΥ-S	T-ZIP			
TITLE		☐ DE	LETE 5.1 T	TLE			Change	☐ Addition
NAME			5.2 N	AME				
			535	TREE	TADORESS			ì

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

Change

☐ Addition

May 07, 1999 8:00 am Secretary of State

05-07-1999 90144 014 ***150.00