

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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90086 013 \*\*\*150.00

DOCUMENT # S08863

1. Corporation Name

SANDLAKE TRAVEL, INC.

Principal Place of Business

7516 REPUBLIC DRIVE  
ORLANDO FL 32819-8369

Mailing Address

7516 REPUBLIC DRIVE  
ORLANDO FL 32819-8369

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1990

4. FEI Number

59-3034915

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7516 Universal Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 7516 Universal Blvd  
Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip Country

24 32819

Zip Country

29 32819

9. Name and Address of Current Registered Agent

COACHMAN, FRANCIS SMITH  
7516 REPUBLIC DRIVE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

Francis Smith Coachman

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

7516 Universal Blvd

83

84 City

Orlando

FL

85 Zip Code

32819

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 ☐ DELETE

NAME  
PD  
COACHMAN, JUDITH N  
STREET ADDRESS  
3845 SALMON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
VST  
COACHMAN, FRANCIS SMITH  
STREET ADDRESS  
3845 SALMON DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32835

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 ☐ 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, with all other like empowered.

SIGNATURE: Judith N Coachman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

Daytime Phone #

CR2E034 (11/98)