

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**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90214 024 \*\*\*150.00

DOCUMENT # S27885

1. Corporation Name

A 1 TOURS AND TRAVEL, INC.

Principal Place of Business

2701 SUNSET PT RD.  
CLEARWATER FL 34619

Mailing Address

2701 SUNSET PT RD.  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

59-3044092

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

SCHEITINGER, STEPHEN  
671 LAKE MAGGIORE BLVD S  
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name Stephen Scheitinger

82 Street Address (P.O. Box Number is Not Acceptable)  
2701 Sunset Pt Rd

83

84 City Clearwater

85 Zip Code FL 33757

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 PT  
NAME SCHEITINGER, STEPHEN  
STREET ADDRESS 671 LAKE MAGGIORE BLVD  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE V  
NAME SCHEITINGER, GEORGE  
STREET ADDRESS 1395 HEATHER RIDGE BLVD.  
CITY-ST-ZIP DUNEDIN FL

☐ DELETE

TITLE S  
NAME SPOHN, BARBARA  
STREET ADDRESS 2368 MOOREHAVEN DR W  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE V  
NAME FANNIN, PAM  
STREET ADDRESS 1756 BARN OWL WAY  
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME Scheitinger Stephen  
1.3 STREET ADDRESS 7959 Garden Dr N.  
1.4 CITY-ST-ZIP ST. Petersburg FL 33710

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME Scheitinger George  
2.3 STREET ADDRESS 1376 Fairway Dr  
2.4 CITY-ST-ZIP Dunedin FL 34698

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Stephen Scheitinger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 727-746-7555  
Date Daytime Phone #

CR2E034 (11/98)