

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25628** (1)

1. Corporation Name

A BEELINE TRAVEL CENTER, INC.



Principal Place of Business

Mailing Address

**6937 6937-6 ST. AUGUSTINE RD
JACKSONVILLE FL 32217
US**

**6937 6937-6 ST. AUGUSTINE RD
JACKSONVILLE FL 32217
US**

2. Principal Place of Business

2a. Mailing Address

**6937 ST AUGUSTINE RD
Suite, Apt. #, etc.**

**6937 ST. AUGUSTINE RD
Suite, Apt. #, etc.**

**6937
City & State**

**6937
City & State**

**23
Zip Country**

**28
Zip Country**

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3115286

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLIGAN, PATTYANN
1030 BERNATH DR
JACKSONVILLE FL 32259**

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MILLIGAN, GARY L.**
STREET ADDRESS **2307 CLEMSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MILLIGAN, PATTYANN**
STREET ADDRESS **1030 BERNATH DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MILLIGAN, ROBERT L., SR.**
STREET ADDRESS **1030 BERNATH DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MILLIGAN, JAMES A.**
STREET ADDRESS **1030 BERNATH DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **MILLIGAN, ROBERT L., JR.**
STREET ADDRESS **2307 CLEMSON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

**900001831579
-05/21/96--01039--014
***200.00**

**5-1-96
JR**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 904-739-3349

CR2E034 (12/95)