

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # V25628

(1)

1. Corporation Name:

A BEELINE TRAVEL CENTER, INC.



Principal Place of Business

Mailing Address

6937 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217
US

6937 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217-2819
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MILLIGAN, PATTYANN
1030 BERNATH DR
JACKSONVILLE FL 32259

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

05/01/1996

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 ☐

10. Name and Address of New Registered Agent

81 Name

MILLIGAN, GARY

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

2307 CLEMSON ROAD

83

84 City

JACKSONVILLE

FL

85

Zip Code

32217

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

Gary L. Milligan

Pres.

4/10/97

(Signature of typewritten name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	MILLIGAN, GARY L.	2307 CLEMSON RD	JACKSONVILLE FL	<input type="checkbox"/>
D	MILLIGAN, PATTYANN	1030 BERNATH DR	JACKSONVILLE FL	<input type="checkbox"/>
D	MILLIGAN, ROBERT L., SR.	1030 BERNATH DR	JACKSONVILLE FL	<input type="checkbox"/>
D	MILLIGAN, JAMES A.	1030 BERNATH DR	JACKSONVILLE FL	<input type="checkbox"/>
V	MILLIGAN, ROBERT L., JR.	2307 CLEMSON RD	JACKSONVILLE FL 32217	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

GARY L. MILLIGAN

4/10/97 904-739-3349

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/96)