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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90253 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42982

1. Corporation Name
BAY PINES TRAVEL, INC.

Principal Place of Business
9653 BAY PINES BLVD
ST PETERSBURG FL 33708

Mailing Address
9653 BAY PINES BLVD
ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1992

4. FEI Number

59-3127688

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKETT, BARBARA L.
9653 BAY PINES BLVD
ST PETERSBURG FL 33708

81 Name

Deborah T. Elgin

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

6639 Emerson Ave. S

83

84 City

St. Petersburg

FL

85 Zip Code

33707

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.

Deborah T. Elgin, President

4-16-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BURKETT, BARBARA L
STREET ADDRESS 9501 VONN RD
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ DELETE

NAME BURKETT, FRANK S JR
STREET ADDRESS 9501 VONN RD
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ DELETE

NAME ELGIN, DEBORAH T
STREET ADDRESS 6639 EMERSON AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME FOLEY, MICHAEL J
STREET ADDRESS 30413 FAIRWAY DR
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE ☐ DELETE

NAME SPARKS, ANTHONY S
STREET ADDRESS 378 PIERCE ST
CITY-ST-ZIP GILBERTS IL 60136

TITLE ☐ DELETE

NAME FOLEY, CHERYL A
STREET ADDRESS 30413 FAIRWAY DR
CITY-ST-ZIP WESLEY CHAPEL FL 33543

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:

Cheryl A. Foley

4-16-99

(727) 393-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (1/1/98)