

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000062784 (1)**

1. Corporation Name

**BABCOCK WILDERNESS ADVENTURES, INC.**



Principal Place of Business

8000 STATE RD. 31  
PUNTA GORDA FL 33982

Mailing Address

P.O. BOX 8348  
PITTSBURGH PA 15218

3. Date Incorporated or Qualified  
**08/25/1994**

3a. Date of Last Report  
**05/31/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number  
**65-0514147**

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

**FARR, EARL D JR.  
115 WEST OLYMPIA AVE.  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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 of officer or director of registered agent, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>DPS</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>DIXON, BOYCE</b>         |                                 |
| STREET ADDRESS  | <b>8000 S.R. 31</b>         |                                 |
| CITY - ST - ZIP | <b>PUNTA GORDA FL 33982</b> |                                 |
| TITLE           | <b>DC</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>BABCOCK, FRED C</b>      |                                 |
| STREET ADDRESS  | <b>8000 STATE ROAD 31</b>   |                                 |
| CITY - ST - ZIP | <b>PUNTA GORDA FL 33982</b> |                                 |
| TITLE           | <b>DT</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>STILLITANO, CARL P</b>   |                                 |
| STREET ADDRESS  | <b>8000 STATE ROAD 31</b>   |                                 |
| CITY - ST - ZIP | <b>PUNTA GORDA FL 33982</b> |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

*Carl P. Stillitano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carl P. Stillitano**  
Treasurer

**April 19, 1996**

**412/351-3515**  
Date of Preparation

CR2E034 (12/95)