

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752006 (7)

1. Corporation Name

INNERSPACE EXPLORERS, INC.

Principal Place of Business

Mailing Address

3811 N. OAK DRIVE, #E-12
TAMPA FL 33611
US

P O BOX 1681
TAMPA FL 33601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1980
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2080313
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 3233 LAUREL DALE DR Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33618 Country 25 USA	2a. Mailing Address 26 P.O. Box 1681 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33618 Country 30 USA
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9. Name and Address of Current Registered Agent

WALKER, JOHN S.
3811 N. OAK DR., E-12
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name	LOWE, JAMES F. JR
82 Street Address (P.O. Box Number is Not Acceptable)	3233 LAUREL DALE DR
83	
84 City	TAMPA
85 Zip Code	FL 33618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James F. Lowe, Jr. Treasurer* 9/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JOHN	1.2 NAME	
STREET ADDRESS	3811 N. OAK DR., #E-12	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, LILLIAN	2.2 NAME	
STREET ADDRESS	7147 TRENTON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RITCHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, SALLY	3.2 NAME	MATTHEW GARVEY
STREET ADDRESS	715 71ST AVE.	3.3 STREET ADDRESS	18416 SWAN LAKE DRIVE
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY, CAROLYN	4.2 NAME	JAMES F. LOWE, JR
STREET ADDRESS	13303 CONNERSVILLE BLVD.	4.3 STREET ADDRESS	3233 LAUREL DALE DR
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDENHALL, JEFF	5.2 NAME	MIKE RUTECKI
STREET ADDRESS	8022 N. PADDOCK	5.3 STREET ADDRESS	28074 HOBBIT LANE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, JUDY	6.2 NAME	
STREET ADDRESS	515 OAKHURST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James F. Lowe, Jr. Treasurer* 9/16/97 513.917.1592
SIGNATURE REQUIRED

CR2E037 (4/97)