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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

BACK-COUNTRY ADVENTURE, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address					- 1001120 1010 01111 10001 (0101 1010) I		41811 4	·+·· 4·8·	* ***** ***	
	WATER LANE		59 N. BLACKWATER LANE										
C/O BETTY GRIGSBY KEY LARGO FL 33037			KEY LARGO FL 33037 US					DO NOT WRITE IN THIS SPACE					
54100	7 L 00007	•	,,				ŀ	3. Date incorporated or Qualified			<u></u>		٦
								02/19/1982					
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Ар	plied For	7
1			26					59-2205796	Not Applicable			,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Ad					7
2			27					6. Certificate of Status Desired		F	ee Re	quired	╛
City & State			City & State					6. Election Campaign Financing \$5.00 May Be					
3		28						Trust Fund Contribution		Α	dded t	o Fees	_
Zip	Country	<u></u>	Zip		untry	,	ł	8. This corporation owes or has pa	,				-1
4	25	29		30				Personal Property Tax due June		Yes		No	4
	9. Name and Address of Current	Regist	tered Agent		81	Maria		10. Name and Address of New Re	gistered	Agent			4
	NGSBY, BETTY				ים	Name							ļ
30 NORTH BLACKWATER LANE						Street A	treet Address (P.O. Box Number is Not Acceptable)				7		
KE	Y LARGOM FL 33037				إيا								4
					83								-
					64	City				85	Zip C	Code	7
					L	·			<u>FL</u>	•			╝
11. Pursuant	to the provisions of Sections 607.0502	and 60	07.1508, Florida Statuti	es, the s	bove	e-named	corpor	ation submits this statement for the part of directors. I hereby acce	ourpose o	f chan	ging its	s registered	1
agent. I a	egistered agent, or both, in the State of medical familiar with, and accept the obligations.	ions of	Section 607.0505, Flo	rida Sta	tutes	5.	JOI 41101	To posite of circulors. Thereby accept	or the app	30,,,,,,,,,	,, it uo .	09/3/0/04	-
SIGNATURE													1
	Signature, typed or printed name of registered agent		(NOTE: Registered Agent signature req			required		DATE				-11	
12,				_	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND				, վ։
TIFLE	D DISCORY MARROY		DELETE	1.1 T		ļ	,				ange	Additio	' ŝ
NAME	GRIGSBY, HARRY			1.2 N		1							- B
STREET ADDRESS	30 N. BLACKWATER LANE					.3 STREET ADDRESS							ļ
CITY-ST-ZIP	KEY LARGO FL			1.4 CITY		T- <u>Z</u> IP							_ }
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NAME	GRIGSBY, BETTY			2.2 N	AME								
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CITY-ST-ZIP	KEY LARGO, FL 00000		2.46	2.4 CITY-ST-ZIP								╝	
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NAME				3.2 NAM									
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CITY-ST-ZIP				3.4. (HTY-5	ST-ZIP							╛
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NAME				4.21	NAME	Ì							1

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

Change

Change

Addition

Addition