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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002493 (3)

OUTDOOR ADVENTURES UNLIMITED, INC.

Principal Place of Business Mailing Address 1281 N.W. 76TH BLVD. 1281 N.W. 78TH BLVD. GAINESVILLE FL 32006 GAINESVILLE FL 32806

## **FILED** Feb 10 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 58-1941819 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No ☐ Yes 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCNATT, RICHARD H 1901 NORTH 1ST STREET #505 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250-7478 84 City 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE MCNATT, RICHARD H 1.2 NAME NAME 1901 NORTH 1ST STREET #505 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250-7478 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE Addition 3 1 TITLE ☐ Change TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 is cupilconental 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 conformation or the receiver or purple empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corrorat Block 12 or Block 13 if charged

SIGNATURE:

912474-6790