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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002493

1. Corporation Name

Suite, Apt. #, etc.

23

OUTDOOR ADVENTURES UNLIMITED, INC.

OUTDOON ADVENTORES ON	ERVITED, INC.
Principal Place of Business	Mailing Address
1281 N.W. 76TH BLVD. GAINESVILLE FL 32806	1281 N.W. 76TH BLVD. GAINESVILLE FL 32606
Principal Place of Business 21	2a. Mailing Address 26 5208 Mercer Univ

28 MUCON, GA Zip Country 29 3/7/0 30 US

Suite, Apt. #, etc.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90093 019 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

05/23/1995 4. FEI Number

58-19418<u>19</u>

4	25	29 3/2/0	30 UJA	Personal Property Tax.	Yes	NIO
	9. Name and Address of Current	Registered Agent		10. Name and Address of	lew Registered Agent	
MCN	IATT, RICHARD H		81 Name		Va++	
	NORTH 1ST STREET #505		82 Street	Address (P.O. Box Number is Not Ad	:ceptable)	
	KSONVILLE BEACH FL 32250-747	'8	83	101 BEACH BIVE	<u>v </u>	
J. 1.5.						
			84 City	acksonville	FL 85 Zip 3	2250
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State k m familiar with, and accept the coliga	and 607.1508, Florida Stati If Florida Such change was	utes, the above-named authorized by the corp	corporation submits this statement to oration's board of directors. I hereby	or the purpose of changing its accept the appointment as re-	registered gistered
agent. I a	m familiar with, and accept the coliga	ans of Section 607 0505 F	orida Statutes.	1. 1 11 11 16-16	Day Hickory	4
SIGNATURE	1 Signara 1	1 mysum	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	chara et manuan	119199	1
	Signature typed or printed name of registered agent	<u>.</u> :	TE: Registered Agent signature r		O OFFICERS AND DIRECTO	DC IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES I	Change	Addition
ITTLE	P	☐ DELETE	1.1 TITLE	Plesiaero 11.00+	Charige	
NAME	MCNATT, RICHARD H	_	1.2 NAME	lichard H McNatt		
STREET ADDRESS	1901 NORTH 1ST STREET #50		1.3 STREET ADDRESS	9701 Beach Blod	1777	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322		1.4 CITY-\$T-ZIP	Jackson Ville, Fe	_ 32250	- Addition
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	-1		2.3 STREET ADDRESS			•
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	·	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP			
TITLE	3	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	ertify that the information supplied wit	h this filing does not qualify t		l d in Section 119.07(3)(i), Florida Stat	utes. I further certify that the i	nformation

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 trusted 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 ampowered.

chard HMcNatt /19/99 9124746790

32E034 (11/98)