

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G04728**

(3)

1. Corporation Name
ADVENTURE WORLD TRAVEL, INC.

Principal Place of Business
**SUITE #40 HARBOURTOWN MALL
913 GULF BREEZE PKWY ST.40
GULF BREEZE FL 32561**

Mailing Address
**SUITE #40 HARBOURTOWN MALL
913 GULF BREEZE PKWY ST.40
GULF BREEZE FL 32561**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1982

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2230500	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**DEDOLPH, CARLA C.
274 SEVERIN
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DEDOLPH, CARLA C	1.2 NAME	
STREET ADDRESS	3232 QUIET WATER LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HICKEY, RAY	2.2 NAME	
STREET ADDRESS	3232 QUIET WATER LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WIEGNER, SHARON	3.2 NAME	
STREET ADDRESS	2889 WHISPER LAKE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	PETROVICH, SHARON	4.2 NAME	
STREET ADDRESS	2019 AUGUSTA AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carla Dedolph

4/13/98

850 932 9363

CR2E034 (10/97)