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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90022 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G04728

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

4. FEI Number

59-2230500

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. 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

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **DEDOLPH, CARLA C**
CITY-ST-ZIP **3232 QUIET WATER LANE
GULF BREEZE FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HICKEY, RAY**
CITY-ST-ZIP **3232 QUIET WATER LANE
GULF BREEZE FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **WIEGNER, SHARON**
CITY-ST-ZIP **2889 WHISPER LAKE DR
GULF BREEZE FL**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **PETROVICH, SHARON**
CITY-ST-ZIP **2019 AUGUSTA AVE
PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Sedolph, Carla**
4.3 STREET ADDRESS **3232 Quiet Water Lane**
4.4 CITY-ST-ZIP **Gulf Breeze FL 32561**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)