FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 16

DOCUMENT # L82514 (5)

1. Corporation Name
ANDY'S (ADVENTURES), INC.

Principal Place of Business	Mailing Address
890 ALBERTA ST LONGWOOD FL 32750	890 ALBERTA ST LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1990
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3027148 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 236 SPRING Run Circle	26 BOX 162448
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Longwood FL	28 City & State: ALTAMONTE SPGS FL
24 Zip: 32779 — 25 Country: Seminole	29 Zip: 32716-2448 — 30 Country: Seminole

9. Name and Address of Current Registered Agent

RHUDY, MARTHA,
~~890 ALBERTA STREET~~
~~LONGWOOD FL 32750~~
236 Spring Run Circle
Longwood Fl.
32779

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 236 SPRING RUN CIRCLE
83
84 City: ~~ALTAMONTE SPGS~~ LONGWOOD — FL — 85 ~~32716~~ 32779

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 Martha Rhudy 1-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DONALDSON, ANDREW G.	1.2 NAME	
STREET ADDRESS	890 ALBERTA ST.	1.3 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	1.4 CITY ST ZIP	32750
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	RHUDY, MARTHA	2.2 NAME	
STREET ADDRESS	~~P.O. BOX 150420 N/A~~ ~~PO Box 151600~~	2.3 STREET ADDRESS	236 SPRING RUN CIRCLE
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32715~~ ~~Alt Spgs. 32715~~	2.4 CITY ST ZIP	LONGWOOD, FL 32779
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Andrew Donaldson — Martha Rhudy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (407) [redacted] 332-2762

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