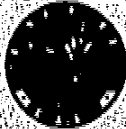


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000004900 (7)

1. Corporation Name

FREEDOM ADVENTURES, INC.

Principal Place of Business

**540 OLEANDER ST
NEPTUNE BCH FL 32286**

Mailing Address

**P.O. BOX 19674
JACKSONVILLE FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

08/30/1994

4. FEI Number

50-3211404

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.
22 551 David Ave.**

2a. Mailing Address

**26 Suite, Apt. #, etc.
27**

City & State

23 Atlantic Beach FL

City & State

28

Zip

24 32233

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RAUSCH, LAWRENCE R
712 S EDGEWOOD AVE
JACKSONVILLE FL 32205**

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 DT
NAME MARBLE, MARK A
STREET ADDRESS 2800 UNIVERSITY BLVD S #365
CITY-ST-ZIP JACKSONVILLE FL 32216**

**TITLE T
NAME YEAMAN, YAMMY
STREET ADDRESS 10010 BELLE RIVE BLVD E #807
CITY-ST-ZIP JACKSONVILLE FL 32256**

**TITLE T
NAME KIMBERLY DICKSON
STREET ADDRESS 78 TALLWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32250**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD
1.2 NAME MARBLE, MARK A.
1.3 STREET ADDRESS 551 David Ave.
1.4 CITY-ST-ZIP Atlantic Beach FL 32233** ☒ Change ☐ Addition

**2.1 TITLE Tr
2.2 NAME Ty Dickinson
2.3 STREET ADDRESS 1100 Seagate Ave #283
2.4 CITY-ST-ZIP Neptune Beach FL 32266** ☒ Change ☒ Addition

**3.1 TITLE T
3.2 NAME Kimberly Dickinson Marble
3.3 STREET ADDRESS 551 David Ave
3.4 CITY-ST-ZIP Atlantic Beach FL 32233** ☒ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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

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

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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Mark A. Marble, MARK MARBLE

4-12-95

(904) 249-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #