FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
540 OLEANDER ST NEPTUNE BCH FL 32266	P.O.BOX 19874 JACKSONVILLE FL 32245

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-3211404 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 551 David Ave.	Suite, Apt. #, etc. 27
City & State 23 Atlantic Beach FL	City & State 28
Zip / Country 24 32233 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAUSCH, LAWRENCE R 712 S EDGEWOOD AVE JACKSONVILLE FL 32205	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MARBLE, MARK A	1.2 NAME	MARBLE, MARK A.	
STREET ADDRESS	2800 UNIVERSITY BLVD S #365	1.3 STREET ADDRESS	551 David Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Atlantic Beach FL 32233	
TITLE	T	2.1 TITLE	Tr	☑ Change ☑ Addition
NAME	YEAMAN, YAMMY	2.2 NAME	Ty Dickinson	
STREET ADDRESS	10010 BELLE RIVE BLVD E #607	2.3 STREET ADDRESS	1100 Seagate Ave # 283	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	Neptune Beach FL 32266	
TITLE	T	3.1 TITLE	T	☑ Change ☐ Addition
NAME	KIMBERLY DICKSON	3.2 NAME	Kimberly Dickinson Marble	
STREET ADDRESS	78 TALLWOOD ROAD	3.3 STREET ADDRESS	551 David Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32250	3.4 CITY-ST-ZIP	Atlantic Beach FL 32233	
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		

NO longer with Freedom Adventures

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

SIGNATURE: Mark Marble MARK MARBLE 4-12-95 (904) 249-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #